

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35648

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Sikeston		c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN Matthews
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) R #1	

3. NAME OF DECEASED (Type or Print) Ada		a. (First) Ann		b. (Middle) Brooks		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 21, 1877		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Co. Mo.				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Willis		13b. MOTHER'S MAIDEN NAME Lucinda Davis		14. NAME OF HUSBAND OR WIFE Matthews G. Brooks (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Brooks Matthews, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Cardiovascular Rrenal Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 442X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Intractable Vomiting		10 days

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 10-12, 1955, and that death occurred at 7:00 A m., from the causes and on the date stated above.

23a. SIGNATURE James C. McClure M.D.		(Degree or title)		23b. ADDRESS Sikeston Mo	
23c. DATE SIGNED 10/14/55					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery	
24d. LOCATION (City, town, or county) (State) Matthews, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Richard W. ...			
DATE REC'D BY LOCAL REG. 10-20-55		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		ADDRESS New Madrid Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1955

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-224

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Jerry L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Market

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.