

FILED JAN 23 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **683**

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty - Rural		c. LENGTH OF STAY (in this place) 5 yrs	c. CITY OR TOWN Liberty
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Home		f. STREET ADDRESS (If rural, give location) RR 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Almer	b. (Middle) Aden	c. (Last) Brooks	4. DATE OF DEATH (Month) (Day) (Year) Jan 7, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 13, 1860	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Canada	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James P. Brooks	13b. MOTHER'S MAIDEN NAME Mary Ann Bunn	14. NAME OF HUSBAND OR WIFE Mary L. Clayville
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bertha Brooks Quincy, Ill.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		4500

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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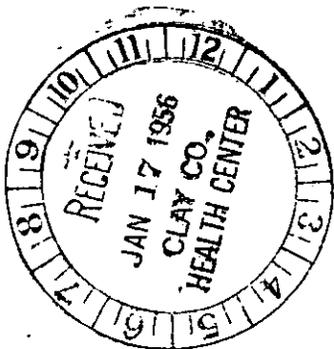
22. I hereby certify that I attended the deceased from _____, 19**50**, to _____, 19**56**, that I last saw the deceased alive on **Jan 8, 1956**, and that death occurred at **4:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm J Goodson (Degree or title)	23b. ADDRESS Liberty Mo	23c. DATE SIGNED 1/9/56
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE 1-9-56	24c. NAME OF CEMETERY OR CREMATORY Hydesberg Cemetery	24d. LOCATION (City, town, or county) (State) Hanibal, Missouri
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DATE REC'D BY LOCAL BEG. Jan 13, 1956	REGISTRAR'S SIGNATURE Mabel Graham	491	25. FUNERAL DIRECTOR'S SIGNATURE Stylen Parley	ADDRESS Home Liberty, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *Charles F. Tyle*

Licensed Embalmer No. *450*

P. O. Address *Labors*

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.