

FILED FEB 14 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

856

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>			c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY OR TOWN <u>Rural-Holcomb typ.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Holcomb, Rte. 1</u> <span style="float: right;">0350</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>			b. (Middle) <u>OLA</u>		c. (Last) <u>BROOKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 29 1956</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 10, 1889</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR (Month) (Day) <u>6 19</u>		IF UNDER 24 HRS. (Hour) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Holcomb, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. R. Bullock</u>			13b. MOTHER'S MAIDEN NAME <u>Della Pritchard</u>			14. NAME OF HUSBAND OR WIFE <u>Harry Brooks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Brooks, Holcomb, Mo. Rte. 1</u>			
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* (a) <u>Pneumonia, bilateral lobes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immobilization, bed</u> DUE TO (c) <u>Fractures bil. tibia + fibula, of upper</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular disease, Ulcer, Duodenal</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>  <u>11 days</u>  <u>11 days</u>  <u>unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SOURCE HOME <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Auto - highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bloomfield, Stoddard, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 19 56 4P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>			
22. I hereby certify that I attended the deceased from <u>1-19-56</u> , 1956, to <u>1-28</u> , 1956; that I last saw the deceased alive on <u>1-28</u> , 1956, and that death occurred at <u>10:22A.m.</u> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>James G. Zell M.D.</u>				22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>2-1-56</u>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22e. DATE <u>Jan. 31, 1956</u>	22f. NAME OF CEMETERY OR CREMATORY <u>Stanfield Gemetery</u>		22g. LOCATION (City, town, or county) (State) <u>Clarkton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-4-1956</u>		REGISTRAR'S SIGNATURE <u>Local Husband</u>		22h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 2-6-56  
COUNTY FILE NUMBER ..... 256

DEC 10 1958

**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 *Christina M. Lander*

Licensed Embalmer No. 4227

P. O. Address *Campbell*

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.