

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2343

4423 State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. ~~280~~ Registrar's No. 7

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u> | |
| b. CITY OR TOWN <u>Weston</u> | c. LENGTH OF STAY (in this place) <u>28 yrs</u> | c. CITY OR TOWN <u>Weston</u> <u>Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u> | | d. STREET ADDRESS (If rural, give location) <u>0830</u> | |

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|---|-------------------------------|---|---|---|---|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Brooks</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31-1956</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 12-1872</u> | 9. AGE (in years last birthday) <u>83</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | 11. BIRTHPLACE (State or foreign country) <u>Clayville Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u> | |
| 13a. FATHER'S NAME <u>Isaac Brooks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Misami Parker Brooks</u> | | 14. NAME OF HUSBAND OR WIFE <u>Meda E. Brooks</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Meda E Brooks</u> ADDRESS <u>Weston Mo</u> | | | |

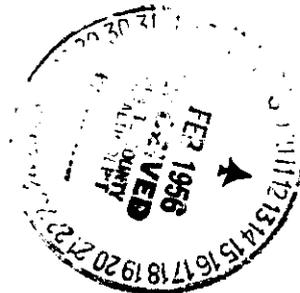
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>33ix</u> | 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 Jan 9, 1956, to Jan 31, 1956, that I last saw the deceased alive on JAN 30, 1956, and that death occurred at 6 p m., from the causes and on the date stated above.

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|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>R. F. Fanning D.O.</u> | | 23b. ADDRESS <u>Weston, Mo.</u> | 23c. DATE SIGNED <u>2-1-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Feb 2-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u> | 24d. LOCATION (City, town, or county) (State) <u>Weston Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Feb 1-6-56</u> | REGISTRAR'S SIGNATURE <u>Uphie Russell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>257 Vaughn's Funeral Home</u> | ADDRESS <u>Weston Mo</u> |

(Licensed Embalmer's Statement on Reverse Side)



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, ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

Note: - The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.