

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4084

0200

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

| | | | | | | | | |
|--|--|--|--|--|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>60</u> | | PRIMARY REG. DIST. NO. <u>4106</u> | | Registrar's No. <u>48</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Juniata Spg.</u> | | c. LENGTH OF STAY (In this place) <u>10 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Juniata Springs, Mo</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>B.</u> b. (Middle) <u>O.</u> c. (Last) <u>BROOKS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-56</u> | | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>11-13-1878</u> | | 9. AGE (In years: last birthday) <u>77</u> | 10. UNDER 1 YEAR Months <u>3</u> Days <u>0</u> | 11. OVER 1 YR. Hours <u>0</u> Mins. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>THOMAS - B. BROOKS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edna Brooks</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>7K</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Edna Brooks, Juniata Spg., Mo.</u> | | | | ADDRESS |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | DUE TO (b) <u>Hypertension Fibrosis</u> | | | | | <u>3 day</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Arteriosclerosis</u> | | | | | <u>3 yrs</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | <u>5 yr</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>33IX</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2-10</u> , 1956, to <u>2-13</u> , 1956, that I last saw the deceased alive on <u>2-13</u> , 1956, and that death occurred at <u>3:30 AM.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>W. H. Hamster M.D.</u> | | | | 23b. ADDRESS <u>Juniata Springs</u> | | 23c. DATE SIGNED <u>2-13-56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-15-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Knappfield Cem.</u> | | 24d. LOCATION (City, town, county) (State) <u>3rd Juniata Spg. Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>2-23-56</u> | | REGISTRAR'S SIGNATURE <u>Norma Zimmerman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Long - Juniata Spg., 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John P. Long

Licensed Embalmer No. 13714

P. O. Address Julius Stg. No.

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