

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37510

State File No. ....

FILED DEC 11 1956

BIRTH NO. _____		REG. DIST. NO. <u>106</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>DENT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>SALEM</u> )		c. LENGTH OF STAY (in this place) <u>29 years</u>		c. CITY OR TOWN <u>SALEM</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROLLA ROAD</u>				• STREET ADDRESS (If rural, give location) <u>ROLLA ROAD</u> <u>03310</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 1 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>JUNE 23, 1868</u>	
9. AGE (in years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER INSPECTOR (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TIMBER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IRON COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS BROOKS</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY ANN SIZEMORE</u>		14. NAME OF HUSBAND OR WIFE <u>BELLE PRYOR (DECD)</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>CARL BROOKS</u> ADDRESS <u>SALEM MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-valvular disease</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis and Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>yrs</u>  <u>443X</u>	
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 <u>1956</u> , 19____, to <u>Dec. 1, 1956</u> , that I last saw the deceased alive on <u>Dec. 1, 1956</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph R. Burnett MD</u>				23b. ADDRESS <u>Salem, Mo</u>		23c. DATE SIGNED <u>12/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOSS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DENT COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-3-56</u>		REGISTRAR'S SIGNATURE <u>A. E. Middle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Warfel</u> ADDRESS <u>Salem, Mo.</u>			

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

515  
0

**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..... *Max S. Warfel*

Licensed Embalmer No. *4120*

P. O. Address *Salem, Mo*

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.