

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17 02 1649
STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Holden, Madison Twp
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi W. Holden		Length of stay in lb 7 yrs.	d. STREET ADDRESS (If outside, give location) 1 Mi W. Holden
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arthur Middle Norman Last Brooks	4. DATE OF DEATH Month June Day 10 Year 1957
--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1905	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Quick City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13. FATHER'S NAME Michael Henry Brooks	14. MOTHER'S MAIDEN NAME Parnetta Jane Pauley
---	--

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. 496-03-1269	17. INFORMANT Address Mrs. Berdene Brooks, Holden, Mo.
---	--	---

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) primary in gall bladder	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 155X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour 8 p Month March Day 26 Year 1957	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Holden Mo	COUNTY	STATE
--	---	---	--------	-------

21. I attended the deceased from **March 26, 1957**, to **June 10, 1957** and last saw ^{her}him alive on **June 10, 1957**.
Death occurred at **8 p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kelly Rawlins M.D.	22b. ADDRESS Holden Mo	22c. DATE SIGNED 6/11/57
--	-------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 13, 1957	23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	23d. LOCATION (City, town, or county) Garden City, Mo.
---	--------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS E B CAST HOLDEN MO	25. DATE RECD. BY LOCAL REG. 6/13/57	26. REGISTRAR'S SIGNATURE Mrs. G. V. Redford
--	---	---

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

JUN 18 1957

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.....
E. B. Clark

Licensed Embalmer No. *4*

P. O. Address *Holmes*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.