.300
.48

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

3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG-1 6 1957

'57 0 27735 *State File No.*

BIRTH NO. ______ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5215 *Registrar's No.* 19

1. PLACE OF DEATH
a. COUNTY Carter
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kelly Twp.
c. LENGTH OF STAY (in this place) 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Big Spring State Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Marion
c. CITY OR TOWN Peabody
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) Rt. 1, Peabody Kansas.

815-8

3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) Leo c. (Last) Brooks

4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0

8. DATE OF BIRTH Aug 24 1940

9. AGE (In years last birthday) ____ 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) Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Newton Kansas 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bennie L. Brooks

13b. MOTHER'S MAIDEN NAME Rosetta Allen

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Bennie L. Brooks ADDRESS Peabody Kan.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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

9298
42

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Current River

21c. (CITY, TOWN, OR TOWNSHIP) Kelley Twp. (COUNTY) Carter (STATE) Mo.

21d. TIME OF INJURY (Month) Aug (Day) 7, (Year) 1957 (Hour) 3:45 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Drowning.

22. *I hereby certify that I attended the deceased from* Dead, *19* On, *to* Arrival, *19*___, *that I last saw the deceased alive on* ________, *19*___, *and that death occurred at* 3:45 P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coleman Mc[illegible] Coroner

23b. ADDRESS Van Buren Mo

23c. DATE SIGNED 8/8/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8/8/57

24c. NAME OF CEMETERY OR ~~CREMATORY~~ Parie Lawn

24d. LOCATION (City, town, or county) Peabody (State) Kansas

DATE REC'D BY LOCAL REG. Aug. 14-57

REGISTRAR'S SIGNATURE Mrs Ota Henson

25. FUNERAL DIRECTOR'S SIGNATURE Coleman Mc[illegible] ADDRESS Van Buren Mo

(Licensed Embalmer's Statement on Reverse Side)

0
0

RECEIV
AUG 15 1957
CARTER COUN
HEALTH CENTE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ...., Student Embalmer No..........

working under my personal supervision..

Student .... Signed ....
Signature of Student Embalmer

Licensed Embalmer No..........

P. O. Address ....

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