

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45117

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 1

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | | | |
|---|--|--|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Mississippi | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss. | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Charleston | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Alley | | | Length of stay in 1b 16 yrs. | | d. STREET ADDRESS Methodist Alley | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) Maud Brooks | | | | First Maud Middle Brooks Last Brooks | | 4. DATE OF DEATH Dec. 16, 1957 | | Month Dec. Day 16 Year 1957 | |
| 5. SEX Female | | 6. COLOR OR RACE Col. | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Married | | 8. DATE OF BIRTH Sept. 1, 1899 | | 9. AGE (In years last birthday) 58 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Sardis, Miss. | | 12. CITIZEN OF WHAT COUNTRY? USA | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 13. FATHER'S NAME Columbia Bishop | | | | 14. MOTHER'S MAIDEN NAME Lizzie York | | | | | |
| 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. | | 17. INFORMANT Address Rev. S.V. Brooks, Gen. Del. Charleston, 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) Arteriosclerotic Heart Disease - Decomposition 8 yrs | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 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 Month, Day, Year a. m. p. m. | | 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 | | COUNTY | | STATE | | | |
| 21. I attended the deceased from December 20, 1957 to December 21, 1957 and last saw her/him alive on December 14, 1957 . Death occurred at 3:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <i>Sam E. Derr...</i> (Degree or title) | | | | 22b. ADDRESS Charleston, Mo. | | | | 22c. DATE SIGNED 12/21/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 21, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 23d. LOCATION (City, town, or county) (State) Charleston, Mo. | | | |
| 24. FUNERAL DIRECTOR A. R. Sparks ADDRESS Charleston, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Jan 2, 1958 | | 26. REGISTRAR'S SIGNATURE <i>Dorothy B. Hathorn</i> | | | |

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.....
Edward H. Ruffin

Licensed Embalmer No. 5022
2501 P6
P. O. Address Cairo, Ill

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.