

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006651  
STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 70

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wardell</u>		c. CITY OR TOWN <u>Wardell</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Gloria</u> Middle <u>Steen</u> Last <u>Brooks</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>9,</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-18-1942</u>	9. AGE (In years last birthday) <u>15</u>	10. FUNDER 1 YEAR Months <u>15</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Parkin, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Perry Butler</u>	13b. MOTHER'S MAIDEN NAME <u>Veatrice Billington</u>	14. NAME OF HUSBAND OR WIFE <u>Willie James Brooks</u>
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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>X</u>	17. INFORMANT <u>Veatrice Smith</u>	Address <u>Pascola, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 h</u> <u>7 h</u> <u>7 h</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hemorrhage</u>	
	DUE TO (c) <u>Ruptured spleen laceration</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Exposure to cold</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Kicked in Stomach while in fight with Husband</u>
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20c. TIME OF INJURY Hour <u>9:30A.</u> Month <u>M.</u> Day <u>2-9-58</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>	20f. CITY, TOWN, OR LOCATION <u>R. 1 Wardell</u>	COUNTY <u>Pemiscot</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>2-9-58</u> to <u>2-9-58</u> and last saw her/him alive on <u>2-9-58</u> Death occurred at <u>4:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Daniel R. Hensley</u> (Degree or title) <u>M. D.</u>	22b. ADDRESS <u>Wardell, Mo.</u>	22c. DATE SIGNED <u>2-10-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-13-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Homestown Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wardell, Missouri</u>
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24. FUNERAL DIRECTOR <u>Osburn Funeral Home, Wardell, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-12-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

2-62-58

FEB 17 1958

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 21 1958

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 *James G. Johnson*

Licensed Embalmer No. 4185  
P. O. Address Wardell, 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.