

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008640
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 1 Primary Registration District No. 300 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Canada b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ft. Erie, Ontario 8608 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 701-E-Illinois		Length of stay in 1b 3 weeks	d. STREET ADDRESS 252 High St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELIZA Middle EMME Last BROOKHURST			4. DATE OF DEATH Month March Day 13 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24, 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Raunds, England	12. CITIZEN OF WHAT COUNTRY? Canada	
13. FATHER'S NAME Alfred Smith			14. MOTHER'S MAIDEN NAME Hannah Bailey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Edwin Corrie 252 High St. Card Ft. Erie, Ontario	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis - acute		INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Influenza	3 mps
	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.) 481X		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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 Kirksville Mo	COUNTY _____ STATE _____
21. I attended the deceased from Mar 11-58 to Mar 12-58 and last saw her ^{him} alive on Mar 11-58 . Death occurred at 5:30 am on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE R. Stieckler MD (Degree or title)	22b. ADDRESS Kirksville Mo	22c. DATE SIGNED 3-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 3-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
25. DATE RECD. BY LOCAL REG. 3-15-58		26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

300
-560013

MAY 28 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 *Robert B. Davis*

Licensed Embalmer No. *421*

P. O. Address *Tricks*

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.