

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010509  
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 170 Primary Registration District No. 30 B3 Registrar's No. 48

300  
1-57  
0

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE - <u>Missouri</u> COUNTY <u>Vermon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Walker Rural</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>Wallace Hosp.</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>R R # 2.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Claud Brooks</u>			4. DATE OF DEATH Month Day Year <u>Mar. 11 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</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>July 19, 1908</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driller + Powder Monkey</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Construction</u>	11. BIRTH PLACE (City and state or country) <u>Okla!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Annabelle</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Annabelle Brooks Walker, Mo.</u>		
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>acute coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
DUE TO (b) <u>atherosclerosis + hypertension</u>					<u>5 yrs.</u>
DUE TO (c) <u>fracture 1st left rib. Racer's tin can</u>					<u>4 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture left femur - open reduction + plating</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>automobile accident - car left highway + plunged down a cliff.</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>10:52 p.m. 3-11-58</u>					
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>Highway 54</u>	20f. CITY, TOWN, OR LOCATION <u>Near Finn Creek Camden Mo.</u>		COUNTY STATE	
21. I attended the deceased from <u>3-7-58</u> , to <u>3-11-58</u> and last saw him alive on <u>3-11-58</u> Death occurred at <u>11:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>B B Hurst M.D. 0</u>			22b. ADDRESS <u>Lebanon, Mo.</u>		22c. DATE SIGNED <u>3-12-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/12/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
24. FUNERAL DIRECTOR <u>Halman Lebanon, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-20-1958</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	

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 1 must be causally related.

APR 2 1958

Received MAR 24 1958

Laclede County Health Unit

File No. 48

Date Filed MAR 24 1958

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon

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.