

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-0243591

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 37 Primary Registration District No. 5-119 Registrar's No. 28

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1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia TN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Centralia 01000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte 2		Length of stay in lb sev mo's	d. STREET ADDRESS (If outside, give location) Route 2

3. NAME OF DECEASED (Type or print) First Middle Last Leonard Harrison Brookshire			4. DATE OF DEATH Month Day Year July 29, 1958		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 25, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 2 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kiln Operator Ret.		10b. KIND OF BUSINESS OR INDUSTRY Brick Co.	11. BIRTHPLACE (City and state or country) Montgomery County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Maudie Hudson Divorced
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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) no	16. SOCIAL SECURITY NO. 486-14-4078	17. INFORMANT Mrs. Clyde Harlow	Address Rte 2, Centralia, Mo
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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) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	163 X
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease.		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 <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 Centralia, Mo.	COUNTY Boone	STATE Mo.
21. I attended the deceased from 6/7/58 to 7/16/58 and last saw ^{her} him alive on 7/16/58 . Death occurred at approx. 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Dr. L. W. ... MD	22b. ADDRESS Centralia, Mo.	22c. DATE SIGNED 7/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
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24. FUNERAL DIRECTOR Bill ... Centralia Missouri	25. DATE RECD. BY LOCAL REG. July 31 - 1958	26. REGISTRAR'S SIGNATURE Maud Mc Bride
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 9 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 *Bill J. Meador*
Licensed Embalmer No. *4876*
P. O. Address *Centerville, Missouri*

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.