

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033327  
STATE FILE NUMBER

FILED SEP 24 1958 Registration District No. 147 Primary Registration District No. 4256 Registrar's No. 43

300  
1-57

510  
4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Holden</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Holden</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Main St Nursing Home</i>		Length of stay in lb <i>2 YRS</i>	d. STREET ADDRESS (If outside, give location) <i>Holden Mo</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ETHEL BROUGHTER BROOKS</i>		4. DATE OF DEATH Month Day Year <i>Sept 13 1958</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 20 1883</i>
9. AGE (In years last birthday) <i>74</i>		IF UNDER 1 YEAR Months Days <i>10 23</i>	IF UNDER 24 HRS. Hours Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Dum Home</i>	11. BIRTHPLACE (City and state or country) <i>Odesa, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Benjamin Colyer</i>	
13b. MOTHER'S MAIDEN NAME <i>Jane [unclear]</i>		14. NAME OF HUSBAND OR WIFE <i>Eli Brooks (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mrs Charles Jones Holden Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i>			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) _____			<i>4221</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) + <i>Atrophic Arthritis - Arteriosclerosis</i>			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 <i>Feb 1957</i> to <i>Sept 1958</i> and last saw her alive on <i>Sept 13 1958</i> Death occurred at <i>1130 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Kelly Rawlins M.D.</i>		22b. ADDRESS <i>Holden Mo</i>	22c. DATE SIGNED <i>9/13/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Sept 14 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elm Spring Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Parisville, Mo</i>
24. FUNERAL DIRECTOR <i>Curseday &amp; Co Holden Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 15, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs H. V. Redford</i>

DEC 15 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 *M. L. Canady* .....

Licensed Embalmer No. *3434* .....

P. O. Address *Halden, N.Y.* .....

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.

*Handwritten notes at bottom of page, including "Baptist" and other illegible text.*