

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033489

STATE FILE NUMBER

66-054-58
FILED SEP 26 1958

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

308

S. 300
v. 1-57

644
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Aud	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Mo.		c. CITY OR TOWN Vandalia Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If outside, give location) 606 W. McPike	
Length of stay in 1b 2 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Allan Lee Brookshire			4. DATE OF DEATH Month Day Year Sept 18 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 16 1958
9. AGE (In years last birthday) 2 Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and state or country) Hannibal Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Leslie Brookshire		13b. MOTHER'S MAIDEN NAME Minne Fern Wasson	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Leslie Brookshire Vandalia, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atalectasis both lungs			INTERVAL BETWEEN ONSET AND DEATH from birth
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			7620
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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 Sept 16 58 to Sept 18, 58 and last saw her alive on Sept 18, 58 Death occurred on 5 25 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest W. Hume MD (Degree or title)		22b. ADDRESS Vandalia, Mo	22c. DATE SIGNED 9/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-19-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Garden	23d. LOCATION (City, town, or county) (State) Vandalia, Mo.
24. JUNE 1958 DIRECTOR'S ADDRESS William B. Waters Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher

RECEIVED SEP 24 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 24 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 William P. Water

Licensed Embalmer No. 4169
P. O. Address Vandalia

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.