

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-036029
 STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 975

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ROGERSVILLE R3 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 907 S W MARSHFIELD Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHRISTOPHER WILLIAM BROOKS			4. DATE OF DEATH Month Day Year OCT 11 1958			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 10 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME W.R. BROOKS	13b. MOTHER'S MAIDEN NAME MARTHA ALDRIDGE	14. NAME OF HUSBAND OR WIFE MARY IRENE
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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.	17. INFORMANT Address MARY BROOKS ROGERSVILLE R3
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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) Acute myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
DUE TO (b) Irreversible medical shock		45 minutes
DUE TO (c) Multiple fractures ribs right chest with media-		90 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral compound fractures of ankles.		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.) One car accident
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20c. TIME OF INJURY Hour Month, Day, Year 9:15 a.m. 10-11-58	20f. CITY, TOWN, OR LOCATION 112 MARSHFIELD R4	COUNTY WEBSTER	STATE MO
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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.) HIGHWAY K.K.
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21. I attended the deceased from date of death only, to _____ and last saw her alive on October 11, 1958 Death occurred at 10:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Dr, nurse or title) Edward B. Hall MD	22b. ADDRESS 1211 S. Glenstone, Springfield, Mo	22c. DATE SIGNED 10/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-11-1958	23c. NAME OF CEMETERY OR CREMATORY MT OLIVE	23d. LOCATION (City, town, or county) (State) WEBSTER Co MO
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24. FUNERAL DIRECTOR BARBER EDWARDS	ADDRESS MARSHFIELD	25. DATE RECD. BY LOCAL REG. 10-16-58	26. REGISTRAR'S SIGNATURE Ellis G. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

If any advance information is available in item 16, no symptoms will be listed.

MS OCT 5 1960

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 *R. F. Zook*

Licensed Embalmer No. *384*

P. O. Address *W. W. Lane*

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.