Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002551
STATE FILE NUMBER

JAN 14 1959 Registration District No. 301 Primary Registration District No. 6041 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) NAYLOR — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AT HOME — Length of stay in 1b 2 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY RIPLEY
c. CITY OR TOWN NAYLOR — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) MAIN STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle OLLIE Last BROOKS

4. DATE OF DEATH Month JAN. Day 3 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH APRIL 10-1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Timberwoorker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) GRANDIN - MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JACK BROOKS
13b. MOTHER'S MAIDEN NAME NANCY BAYLESS
14. NAME OF HUSBAND OR WIFE NANCY BROOKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-14-8956-A
17. INFORMANT Address NANCY BROOKS - NAYLOR-MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis — YEARS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Did not attend deceased -- dead and [illegible] him I arrived at home -
Death occurred at 10:30 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Smith, D.O.
22b. ADDRESS Naylor, Mo.
22c. DATE SIGNED 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-7-1959
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.
23d. LOCATION (City, town, or county) (State) DONIPHAN - MISSOURI

24. FUNERAL DIRECTOR ADDRESS EDWARDS - PARRENT - NAYLOR-MO
25. DATE RECD. BY LOCAL REG. Jan. 10-1959
26. REGISTRAR'S SIGNATURE Flava Broz

(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

STATEMENT BY LICENSED EMBALMER

JAN

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 Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, M

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.