

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010324  
STATE FILE NUMBER

FILED MAR 18 1959

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Perisicot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perisicot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville, Mo.</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>410 E. 3th.</u>		d. STREET ADDRESS (If outside, give location) <u>410 E. 3th.</u>	
3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>Ree</u> Last <u>Brooks</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 14, 1959</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Lake Co. Penn.</u>
13a. FATHER'S NAME <u>Joe Prantly</u>		13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Lonnie Brooks</u> Address <u>Caruthersville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral accident</u> DUE TO (b) <u>Hypertensive C.V. disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 mos</u> <u>5 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> c.		443X	
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.		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 COUNTY STATE	
21. I attended the deceased from <u>Sept 1958</u> to <u>Feb 26, 1959</u> and last saw her <u>alive</u> on <u>Feb 26, 1959</u> Death occurred at <u>12:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>O. W. Cook</u>		22b. ADDRESS <u>Caruthersville, Mo</u>	
22c. DATE SIGNED <u>3-2-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Feb. 28, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	
23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>		24. FUNERAL DIRECTOR <u>LaFolgue Un. Co. Caruthersville</u>	
25. DATE RECD. BY LOCAL REG. <u>3-7-1959</u>		26. REGISTRAR'S SIGNATURE <u>Fessie B. With</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Stallc Dean* .....

Licensed Embalmer No. *3941* .....  
P. O. Address *Caruthers* .....

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.