

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002397

FILED VS. JAN 21 1960 / 8 /

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5625 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSBERRY		Length of stay in 1b		c. CITY OR TOWN ELSBERRY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles west of town			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 402 N. Fifth St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LILLIAN Middle M. Last BROOKSHER				4. DATE OF DEATH Month Jan. Day 17, Year 1960				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 21, 187	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) RFD Elsberry, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James H. Watson			13b. MOTHER'S MAIDEN NAME Sarah Wagner		14. NAME OF HUSBAND OR WIFE Walter F. Brooksher			
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. unknown	17. INFORMANT Address Charles Brooksher - Elsberry, Mo. - son				
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>Arteriosclerotic heart disease</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) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u>Sept. 14, 1954</u> to <u>Jan. 17, 1960</u> and last saw her <u>Jan. 16, 1960</u> alive on Death occurred at <u>4:22 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Robert M. Hall Jr.</i>				22b. ADDRESS Elsberry, Missouri			22c. DATE SIGNED 1/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/19/60	23c. NAME OF CEMETERY OR CREMATORY City Cem.		23d. LOCATION (City, town, or county) Elsberry, Missouri		(State)	
24. FUNERAL DIRECTOR O'Garlan C. Ricks				ADDRESS Elsberry, Mo.		25. DATE RECD. BY LOCAL REG. 1/19/1960	26. REGISTRAR'S SIGNATURE <i>Mrs. Clarence Kientz</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. Paulant*

Licensed Embalmer No. 4012

P. O. Address: Edoherry

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.