URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 1960

-60-005663
STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage — Length of stay in 1b 8 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 17 mi. S. of Steelville — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Crawford
c. CITY OR TOWN — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Same as 1c. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Ransom Last: Brooks
4. DATE OF DEATH Month: Feb. Day: 28 Year: 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-22-94
9. AGE (last birthday) 65
IF UNDER 1 YEAR: Months 8 Days 6 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Boss, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William Brooks
13b. MOTHER'S MAIDEN NAME Charlotte Bowen
14. NAME OF HUSBAND OR WIFE Velma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. 329_10_8230
17. INFORMANT Mrs. V. Brooks Address Davisville, 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 years
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) Pulmonary emphysema; Pneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 1-28-59 to 2-27-60 and last saw him alive on 2-20-60
Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Steelville Mo.
22c. DATE SIGNED 2-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-2-60
23c. NAME OF CEMETERY OR CREMATORY Methodist
23d. LOCATION (City, town, or county) (State) Caledonia, Mo.
24. FUNERAL DIRECTOR Harry M. Jonas ADDRESS Steelville
25. DATE RECD. BY LOCAL REG. Feb. 29, 1960
26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 31 1960

MAR 15 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Warf

Licensed Embalmer No. 4170

P. O. Address Salem,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.