

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035361

FILED VS OCT 11 1960 71

Registration District No. _____ Primary Registration District No. **4267** Registrar's No. **322**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa	Length of stay in 1b 39	c. CITY OR TOWN Odessa	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 E. Mason		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 308 E. Mason

3. NAME OF DECEASED (Type or print) First James Middle William Last Brooks			4. DATE OF DEATH Month Oct. Day 5 Year 1960		
5. SEX male	6. COLOR OR RACE black	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-13-1897	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe repairman		10b. KIND OF BUSINESS OR INDUSTRY shoe repair	11. BIRTHPLACE (City and state or country) Fulton, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Brooks		13b. MOTHER'S MAIDEN NAME Ida Lyons		14. NAME OF HUSBAND OR WIFE Millie Brooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 497-36-7485	17. INFORMANT Address Mrs. Millie Brooks, Odessa, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fell dead on floor of his home. Breathed only very few times	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension & Arteriosclerosis		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 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.) _____
20c. TIME OF INJURY Hour _____ 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 **after death** to _____ and last saw her/him alive on **10-5-60**
Death occurred at **6:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Martin MD Coroner	(Degree or title)	22b. ADDRESS Odessa Mo	22c. DATE SIGNED 10-6-60
---	-------------------	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 9, 1960	23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Lafayette, M. o.
--	----------------------------------	--	--

24. FUNERAL DIRECTOR Ralph O Jones Odessa	25. DATE RECD. BY LOCAL REG. 10-6-60	26. REGISTRAR'S SIGNATURE Emma Davidson
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 11 1960 SA

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

Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa

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.