

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005058

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 141

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b

c. CITY OR TOWN Springfield Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 2550 W. Lincoln Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
STELLA DORA BROOKS

4. DATE OF DEATH Month Day Year
February 6, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 31 Dec. 1889 9. AGE (last birthday) 71 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 Home 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Riley Hindman 13b. MOTHER'S MAIDEN NAME Anna Harman 14. NAME OF HUSBAND OR WIFE Deceased

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. No 17. INFORMANT 4535 Rolland Address Charles Brooks (Son) Kansas City, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Constrictive Heart Failure
DUE TO (b) Arterio sclerotic Heart Disease
DUE TO (c) old Cerebral Vasculer Accident
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ascites, mixed fluid retention
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
years
10 mos.

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 1-25-61 to 2/6/61 and last saw her alive on 2-6-61
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Louis E. Jorel, M. D. 22b. ADDRESS 1636 S. Glenstone Springfield, Missouri 22c. DATE SIGNED 2-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-8-61 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery 23d. LOCATION (City, town, or county) (State) Walnut Grove, Missouri

24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. jhc 25. DATE RECD. BY LOCAL REG. 2-14-61 26. REGISTRAR'S SIGNATURE Effie G. Melton

FEB 20 1961

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

Max Thode

Licensed Embalmer No.

407

P. O. Address

Springfield

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.