SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007569

STATE FILE NUMBER

FILED VS MAR 13 1961

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 160

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo Med Center — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First Judith Middle Ann Last Brookman
4. DATE OF DEATH: Month March Day 8 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept 23, 1957
9. AGE (last birthday): 3yrs. — 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): Minor
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): Princeton, Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Richard W. Brookman
13b. MOTHER'S MAIDEN NAME: Shirley Weaver
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Pt's Medical Record — Address: UMMC Stadium RD Columbia, 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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congenital Anomalies - Cleft Lip - palate
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Exstrophy of Bladder and Multiple Anomalies
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 3-5-61, to 3-8-61 and last saw her/him alive on 3-8-61
Death occurred at 1 07 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Faith Thompson M.D. (Degree or title)
22b. ADDRESS University Hosp Columbia Mo
22c. DATE SIGNED 3-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/10/61
23c. NAME OF CEMETERY OR CREMATORY: Rallanna Cemetery
23d. LOCATION (City, town, or county) (State): Rallanna Mo.
24. FUNERAL DIRECTOR: Harper Funeral Service — ADDRESS: Columbia Mo
25. DATE RECD. BY LOCAL REG.: March 9, 1961
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 George A Kelly

Licensed Embalmer No. 4752

P. O. Address Columbia, M

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.