ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016700
STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 24

FILED MAY 22 1961

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Beach
Length of stay in 1b: 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Osage Beach
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Otis; Middle; Last Brookshier

4. DATE OF DEATH: Month May Day 13 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Feb. 19, 1901

9. AGE (last birthday): 60

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): carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kansas;

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ----------

13b. MOTHER'S MAIDEN NAME: ----------

14. NAME OF HUSBAND OR WIFE: Sylvia Brookshier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 443-09-6650

17. INFORMANT: Sylvia Brookshier Address: Osage Beach, 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): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ 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 9-14-55, to 5-13-61 and last saw him alive on 5-18-61
Death occurred at 1:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E. Mason, Do

22b. ADDRESS: Osage Beach, Missouri

22c. DATE SIGNED: 5/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 5/14/61

23c. NAME OF CEMETERY OR CREMATORY: Memorial Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Ottumwa, Iowa

24. FUNERAL DIRECTOR ADDRESS: Walter Hedges Funeral Home Camdenton, Mo.

25. DATE RECD. BY LOCAL REG.: May 14-1961

26. REGISTRAR'S SIGNATURE: Zilpha I. Draw

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

MAY 24 1961

MAY 22 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 Walter D Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.