

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015630

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1962	
1. PLACE OF DEATH	
a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McDONALD TWP.	a. STATE MO. b. COUNTY JASPER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RTE. 1, REEDS, MO.	d. STREET ADDRESS (If outside, give location) REEDS, ROUTE 1
3. NAME OF DECEASED First Middle Last EVA ELIZABETH BROOKS	
4. DATE OF DEATH Month Day Year 4/22/62	
5. SEX FEMALE	6. COLOR OR RACE WHITE
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/20/86
9. AGE (last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETD. TELEPHONE OPERATOR	
10b. KIND OF BUSINESS OR INDUSTRY HOME TELEPHONE CO.	
11. BIRTHPLACE (City and state or country) REEDS, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN K. BROOKS	
13b. MOTHER'S MAIDEN NAME NANCY EVA BALES	
14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of serv) NO	
16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address 2 MISS FRANCES BROOKS, REEDS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Carcinoma of Rectum with metastases
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)	
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 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 a.m. p.m. 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 3-23-62 to 4-22-62 and last saw her alive on 4-17-62 Death occurred at 11:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Shovel Patterson M.D.</i>	22b. ADDRESS 510 S. MAIN, CARTHAGE, MO.
22c. DATE SIGNED 4/23/62	
23a. BURIAL (CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/25/62
23c. NAME OF CEMETERY OR CREMATORY AVILLA CEMETERY	
23d. LOCATION (City, town, or county) (State) JASPER COUNTY MO.	
24. FUNERAL DIRECTOR ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO.	
25. DATE RECD. BY LOCAL REG. 4-24-62	
26. REGISTRAR'S SIGNATURE <i>W. H. Clanton</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 **6490**

2 **0490**

3

4 **1**

5 **0**

6

7 **0**

8 **2**

9 **154X**

10

11

12 **90-0**

13 **3-0**

MAY 7 1962

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 _____

Edwin S. Shure

Licensed Embalmer No. _____

4953

P. O. Address _____

Smiths, Md.

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.