

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029775

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 60

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1070  
2 1010  
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7 0  
8 2  
9 4200  
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12 1-2  
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUL 19 1962**

1. PLACE OF DEATH  
a. COUNTY Texas  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston Length of stay-in 1b  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jex. Co. Mem. Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Shannon  
c. CITY OR TOWN Summersville (Rural) Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Rural Route 1 Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Elcana E. Brooks July 9, 1962

5. SEX F. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4/8/82 9. AGE (last birthday) 80 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 11. BIRTHPLACE (City and state or country) Arroll, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Billie Smotherman 13b. MOTHER'S MAIDEN NAME Syntha Richardson 14. NAME OF HUSBAND OR WIFE George W. Brooks

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. None 17. INFORMANT Address Chal House Rt. 2 Smsville, 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) Acute Circulatory Failure 2 Pr  
DUE TO (b) Coronary Occlusion  
DUE TO (c) Myocardial Infarction  
INTERVAL BETWEEN ONSET AND DEATH 5 Days  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease 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 Month, Day, Year  
e.m. p.m.

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 5 1950 to July 1962 and last saw her alive on July 8  
Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr Lawrence Hampton Sr Summersville 22b. ADDRESS Summersville 22c. DATE SIGNED 7/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/11/62 23c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery 23d. LOCATION (City, town, or county) (State) Mtn. View, Mo.

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo. 25. DATE RECD. BY LOCAL REG. 7-17-62 26. REGISTRAR'S SIGNATURE Myrtle Craig

USE BLACK INK OR TYPEWRITER RIBBON

**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 Charles D. Bastian

Licensed Embalmer No. 5187

P. O. Address Montclair, Mo.

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.

Sent to Dr 6-10-62 Rec'd from Dr. 7/16/62 Sent to Local Reg. 7/16/62