

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007354

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1603 Primary Registration District No. 1793 Registrar's No. 12

FILED FEB 19 1963

VS 300
Rev. 4/59

10500
2500

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4 1
5 2
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7 1
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94224

10
11
12 86-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattin		c. CITY OR TOWN Pevely	
Length of stay in 1b 2 Yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Hill Home		d. STREET ADDRESS (If outside, give location) Rural Route One	
3. NAME OF DECEASED (Type or print) First Emma Middle Goldie Last Brooks		4. DATE OF DEATH Month Feb Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 4 1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Pitfield Ill.
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Square B. Marschel	
13b. MOTHER'S MAIDEN NAME Goldie Miccum		14. NAME OF HUSBAND OR WIFE William Brooks (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Estil Brooks Arnold Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Generalized arteriosclerosis			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Oct 1962 to Feb 11, 1963 and last saw her alive on Feb 3, 1963 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Estil Brooks Arnold (Define or title)		22b. ADDRESS Festus, Mo	22c. DATE SIGNED 2/12/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 14 1963	23c. NAME OF CEMETERY OR CREMATORY Sandy Baptist	23d. LOCATION (City, town, or county) (State) Pevely Mo
24. FUNERAL DIRECTOR Heiligtag ADDRESS Imperial Mo		25. DATE RECD. BY LOCAL REG. Feb. 13-1963	26. REGISTRAR'S SIGNATURE Marie Garcia

Permit Granted 2-13-63. M. M.

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial 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.