

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047690

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 329

FILED JAN 3 1966

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLINTON		c. CITY OR TOWN FRISTOE	
Length of stay in lb 21 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp		d. STREET ADDRESS (If outside, give location) ---	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ELLIS BROOKS		4. DATE OF DEATH Month Dec Day 27 Year 1965	
5. SEX MALE	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 11-30-8
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and state or country) Fristoe, Mo		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME T. J. Brooks		13b. MOTHER'S MAIDEN NAME Lou Edwards	
14. NAME OF HUSBAND OR WIFE deceased		Address Mrs. Ruben Miller Warsaw, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		17. INFORMANT Mrs. Ruben Miller Warsaw, 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) Medullary Paralysis DUE TO (b) Cerebral Thrombosis DUE TO (c) Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Minutes Minutes Years
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PART II. OTHER SIGNIFICANT CONDITIONS* CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Lobar Pneumonia		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	
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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 5:00 a.m. 1 p.m.	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 CLINTON, MO.	STATE MO.
21. I attended the deceased from 1964 to 12-27-65 and last saw her alive on 12-27-65 Death occurred at 3:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE C. L. Glaspy, D.O.		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 12/28/65
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec 29, 1965	23c. NAME OF CEMETERY OR CREMATORY Fristoe Cemetery	23d. LOCATION (City, town, or county) (State) Fristoe Benton Co. Mo	
24. FUNERAL DIRECTOR John F. Reser		25. DATE RECD. BY LOCAL REG. 12-29-65		26. REGISTRAR'S SIGNATURE Mildred Biguno

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

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MO BENTON
 FRISTOE
 Dec 22 1911
 W. & A.
 deceased
 Mrs. Ruth Miller Warsaw, Ind.

HENRY
 CLINTON
 West 3rd Hosp
 ELIZ
 MALE WHITE
 FARMING
 FARM
 NO NO

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 _____

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

Permit obtained 12-29-65
 MB

M. J. not
 John E. Reser
 BUREAU