

FILED NOV 25 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0044750

## CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 264DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/68

9. 110a. 66

10b.

11. 112. 113. 200114. 415. 9

16.

17.

18. 2

19. CREDITS

20. 1-05. 2

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.6. 0420

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Luella Emma Brooks</u>					2. <u>Female</u>	<u>Nov, 20, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>66</u>	5b.	5c.	6. <u>Nov 9 1902</u>		7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS SPECIFY YES OR NO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Clinton</u>		7c. <u>yes</u>		7d. <u>Wetzel Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Nebraska</u>		9. <u>U S A</u>		10. <u>Married</u>		11. <u>Joseph Brooks</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>none</u>		13a. <u>Farmer</u>		13b. <u>Farming</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. <u>Mo</u>		14b. <u>Henry</u>	14c. <u>Brownington</u>		14d. <u>yes</u>		14e. <u>RR# 1</u>
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>John G. Uehling</u>					16. <u>M E Wagner</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Joseph Brooks</u>				17b. <u>R R # 1 Brownington Mo</u>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) <u>Postural Pneumonia</u>							<u>3 day</u>
DUE TO, OR AS A CONSEQUENCE OF:							
(b) <u>Lymphosarcoma</u>							<u>5 mo</u>
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a.						19b.	19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
21a.		21b.	21c.	21d.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. <u>July 5 68</u>		21b. <u>11-20-68</u>	21c. <u>11-20-68</u>	21d. <u>yes</u>		21e. <u>7:45P</u>	
21a. DECEASED FROM		ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED,		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
21b.		21c.		21d.		21e.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
22a. <u>R. N. Powell</u>		22b. <u>R. N. Powell</u>		22c. <u>D.O.</u>		22d. <u>11-22-68</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a. <u>Clinton</u>		23b. <u>MO</u>		23c. <u>Clinton</u>		23d. <u>Nebraska</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. <u>Removal</u>		24b. <u>Ainsworth</u>		24c. <u>Ainsworth</u>		24d. <u>Nebraska</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24a. <u>Nov 24 1968</u>		24b. <u>Sickman &amp; Dunning</u>		24c. <u>Clinton Mo 64735</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <u>R. L. Manning</u>		25b. <u>Mildred Bigum</u>		25c. <u>Nov 22, 1968</u>			

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

DEC 9 1968

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.