

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16948

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 28

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DONIPHAN TOWNSHIP</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DONIPHAN</u> | |
| c. LENGTH OF STAY (In this place) <u>1 DAY</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles Northeast of Doniphan</u> | | | |

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|-------------------------------------|-------------------------|---------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DEWEY</u> | b. (Middle) <u>EUGENE</u> | c. (Last) <u>BROOKS</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>APRIL 27-1949</u> |

| | | | | | | |
|--------------------|-------------------------------|--|--------------------------------------|--|-----------------|-----------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | 8. DATE OF BIRTH <u>JULY 27-1924</u> | 9. AGE (In years last birthday) <u>25</u> Months <u>24</u> Days <u>9</u> | IF UNDER 1 YEAR | IF UNDER 1 HRS. |
| | | | | | Hours | Min. |

| | | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio REPAIRMAN</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>WALTER BROOKS</u> | 13b. MOTHER'S MAIDEN NAME <u>GRACE JONES</u> | 14. NAME OF HUSBAND OR WIFE <u>IRENE BROOKS</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>GRACE BROOKS - Doniphan, Mo.</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Clifford G. Johnston M.D.</u> (Degree title) | 23b. ADDRESS <u>Doniphan, Mo.</u> | 23c. DATE SIGNED <u>5-4-49</u> |
|--|-----------------------------------|--------------------------------|

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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>4-30-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-4-49</u> | REGISTRAR'S SIGNATURE <u>E. G. Johnston</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Edwards</u> | ADDRESS <u>Doniphan, Mo.</u> |
|--|---|--|------------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5/13/49

District Health Officer No. 5,

District File Number 549364

Date Filed 5/28/49

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 _____
Student Embalmer

Signed Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.