

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19373**

|  |  |   |  |  |   |   |   |  |
|--|--|---|--|--|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>144</u>   |  | PRIMARY REG. DIST. NO. <u>4334</u>   |   | Registrar's No. <u>31</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>  |  |   | c. LENGTH OF STAY (In this place) <u>2 yrs</u>             |  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |   |  | d. STREET ADDRESS (If rural, give location) _____  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Samuel</u> b. (Middle) <u>Davis</u> c. (Last) <u>Brooks</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 18 49</u> |  |   |   |   |  |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |   | 8. DATE OF BIRTH <u>April 29 1862</u>   |   |  |
| 9. AGE (In years last birthday) <u>87</u>  |  | IF UNDER 1 YEAR <u>1</u> Months   |  | IF UNDER 24 HRS. <u>19</u> Days  |   | IF UNDER 1 MIN. _____   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____                    |  |   | 11. BIRTHPLACE (State or foreign country) <u>Iron Co. Mo.</u>                               |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |   | 13a. FATHER'S NAME <u>Benjamin Brooks</u>                  |  | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Thompson</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Eva Rose Brooks</u>                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Audrey Wright, Ironton Mo.</u>   |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Atherosclerosis, general.</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 years</u><br><u>10 years</u><br><u>42 21</u> |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 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) _____  |   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 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 <u>Jan.</u> , 19 <u>45</u> , to <u>June 18</u> , 19 <u>45</u> , that I last saw the deceased alive on <u>June 16</u> , 19 <u>45</u> , and that death occurred at <u>9:30 P.</u> , from the causes and on the date stated above. |  |   |  |  |   |   |   |  |
| 23a. SIGNATURE <u>Ben M. Bull</u> (Degree or title) <u>M.D.</u>  |  |   |  | 23b. ADDRESS <u>Ironton, Mo.</u>   |   | 23c. DATE SIGNED <u>6-21-49</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |  | 24b. DATE <u>6-20-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>                          |   |  |
| DATE REC'D BY LOCAL REG. <u>July 5, 1949</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. Davis Jones</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u> ADDRESS _____  |   |   |   |  |

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

RECEIVED 7-11-49

District Health Officer No. 4

District File Number 249-915

Date Filed \_\_\_\_\_

**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 Archie T. White

Licensed Embalmer No. 3012

P. O. Address Quinton Hill

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.