

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29425

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY Butleb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harviell		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harviell RFD. D		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Thelma Ann Brooks			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Oct 19 1912	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Ripley Co. Mo. D		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John Borth	13b. MOTHER'S MAIDEN NAME Della Brooks	14. NAME OF HUSBAND OR WIFE Arthur Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Brooks Torch, Mo.

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, asphyxia, 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) General carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) the previous, originating in the uterus DUE TO (c) —		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		174X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? 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) m.	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 May 1949, to Sept 24, 1949, that I last saw the deceased alive on Sept 24, 1949, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. E. Whitcomb (Degree or title)	23b. ADDRESS no. 101	23c. DATE SIGNED 9/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-26-49	24c. NAME OF CEMETERY OR CREMATORY Kinsey	24d. LOCATION (City, town, or county) (State) Harviell, Butleb, Mo.
DATE REC'D BY LOCAL REG. Oct 4 1949	REGISTRAR'S SIGNATURE W. W. Johnson 478	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rich Funeral Home	

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

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

1029-310  
OCT 10 RECD

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 *Susan McCord* \_\_\_\_\_

Licensed Embalmer No. *4079* \_\_\_\_\_

P. O. Address *Waycross, 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.