

FILED JUN 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21306

9403

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>U.S. Highway 61</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin, Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty Township</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Phyllis</u>	b. (Middle) <u>A</u>	c. (Last) <u>Brooks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 14-1950</u>
-------------------------------------	---------------------------	----------------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>JUNE 14-1941</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u>	Min. <u>4</u>
----------------------	-------------------------------	--	--------------------------------------	--	---------------------------------	---------------------------------	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At School</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Luman Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Alvada Bisinger</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Bradshaw</u>	ADDRESS <u>Ellington Mo</u>
--	-------------------------------------	---	-----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>26</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture and possible broken neck and internal injuries.</u>	"Victory Coroners Jury" Death was due to an accident wherein a Ford car which was being towed by a Mercury car broke loose from its tow and collided with a Buick car in which the deceased was riding."	
	II. OTHER SIGNIFICANT CONDITIONS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>19d</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Twp. St. Francois Co., Mo.</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14-1950 12:45 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
--	---	---

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Rudloff Acting coroner</u>	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>6/20/50</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 29, 1950</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cottell</u>	ADDRESS <u>Poplar Bluff Mo</u>
---	---	---	--------------------------------

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

650-837

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 *Everett Green*
Licensed Embalmer No. *2964*
P. O. Address *Palmer Bluff Me*

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.