

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23916**

0540

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

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u>		c. LENGTH OF STAY (in this place) <u>58 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u>		d. STREET ADDRESS (If rural, give location) <u>E. Maran</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>May Effie</u> b. (Middle) <u>Brooks</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 6, 1892</u>		
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>0</u>		11. DAYS <u>4</u>		12. HOURS <u>4</u> MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Frank Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>James W. Brooks</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James W. Brooks, Odessa, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u></p> <p>ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Diabetes mellitus</u></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>					<p>INTERVAL BETWEEN ONSET AND DEATH <u>30+ yrs</u></p> <p><u>260X</u></p>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>					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) <u>Odessa Lafayette Mo.</u>		21f. HOW DID INJURY OCCUR? _____		
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"/>		22. I hereby certify that I attended the deceased from <u>July 3, 1950</u> , to <u>July 10, 1950</u> , that I last saw the deceased alive on <u>July 10, 1950</u> , and that death occurred at <u>6:50</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Odessa Mo.</u>			23c. DATE SIGNED <u>7/12/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/12/1950</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson (deputy)</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman - Sparks</u>		ADDRESS <u>Odessa, Mo.</u>		

RECEIVED 7-12-57

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-12-57

FEB 7 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed William T. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. #4431

P. O. Address Odessa, 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.