

No. 300
10.48

1070

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1951

State File No. 7274

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY TEXAS -		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool	c. LENGTH OF STAY (In this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) MARSHALL b. (Middle) c. (Last) Brooks.			4. DATE OF DEATH (Month) (Day) (Year) FEB 19 1951			
5. SEX M.D	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 14 1899	9. AGE (In years last birthday) 51	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) REAL ESTATE DEALER -		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NAGLE, Mo D		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOEL Brooks		13b. MOTHER'S MAIDEN NAME LIZZY WHITE		14. NAME OF HUSBAND OR WIFE IRENE Brooks -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Irene Brooks Cabool Mo. ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot through neck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) self inflicted, with 45 cal DUE TO (c) Powder, entering back instant				INTERVAL BETWEEN ONSET AND DEATH E 976 X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION above the left ear				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) local hotel		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) (STATE) Cabool Was Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 19 1961 4:30 am		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? self inflicted	

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 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Gaylord V. Elliott 3		(Degree or title) coroner		23b. ADDRESS Cabool Mo		23c. DATE SIGNED Feb 20/51
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Feb 22-51		24c. NAME OF CEMETERY OR CREMATORY Nagle Cemetery		24d. LOCATION (City, town, or county) (State) Texas Mo

DATE REC'D BY LOCAL REG. 2-21-51		REGISTRAR'S SIGNATURE Gaynell Cunningham		3145		FUNERAL DIRECTOR'S SIGNATURE Gaylord V. Elliott		ADDRESS Cabool Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-453

Date Filed 2-28-57

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.

Signed Gaylord V. Elliott
.....
Licensed Embalmer No. 2252

Signed
Student Embalmer

P. O. Address Cabool

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.