

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36044

State File No.

FILED OCT 30 1951

BIRTH NO.		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>194</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> c. LENGTH OF STAY (in this place) <u>45 min.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>454 W. Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> d. STREET ADDRESS (If rural, give location) <u>681 W. Eastwood</u>			
3. NAME OF DECEASED (Type or Print) <u>Sandra</u>		a. (First) <u>Louise</u>		b. (Middle) <u>Brooks</u>		c. (Last) <u>Brooks</u>	
4. DATE OF DEATH <u>Oct. 23, 51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>Aug. 6, 1946</u>		9. AGE (In years last birthday) <u>5</u>		10. MONTHS <u>2</u>		11. DAYS <u>17</u>	
12. BIRTHPLACE (State or foreign country) <u>Missouri</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		15. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
16. FATHER'S NAME <u>Unknown</u>		17. MOTHER'S MAIDEN NAME <u>Ona B. Brooks</u>		18. NAME OF HUSBAND OR WIFE <u>none</u>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
20. SOCIAL SECURITY NO. <u>none</u>		21. INFORMANT'S SIGNATURE OR NAME <u>Miss. Ona B. Brooks, Marshall, Mo.</u>		22. ADDRESS <u>5101</u>		23. 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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Embolism</u> ANTECEDENT CAUSES <u>Infected Tonsils & Adenoids</u> DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> 2. OTHER SIGNIFICANT CONDITIONS <u>5101</u> Conditions contributing to the death but not related to the disease or condition causing death.	
24. DATE OF OPERATION <u>10-23-51</u>		25. MAJOR FINDINGS OF OPERATION <u>Tonsilectomy & Adenectomy Infection of Sinus</u>		26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27. ACCIDENT SUICIDE HOMICIDE <u>✓</u>	
28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5101</u>		29. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Marshall, Mo.</u>		30. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Oct. 23, 1951, 7:45 A.M.</u>		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR? <u>5101</u>		33. I hereby certify that I attended the deceased from <u>Oct. 23, 1951</u> , to <u>Oct. 23, 1951</u> , that I last saw the deceased alive on <u>Oct. 23, 1951</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.		34. SIGNATURE (Degree or title) <u>Walter H. Madison, M.D.</u>		35. ADDRESS <u>Marshall, Mo.</u>	
36. DATE SIGNED <u>Oct. 24-51</u>		37. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		38. DATE <u>Oct. 26, 51</u>		39. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
40. LOCATION (City, town, or county) (State) <u>Marshall, Saline, Missouri</u>		41. DATE REC'D BY LOCAL REG. <u>Oct. 25, 1951</u>		42. REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>		43. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond E. ...</u>	
44. ADDRESS <u>Marshall, Mo.</u>		45. (Licensed Embalmer's Statement on Reverse Side)		46. (Licensed Embalmer's Statement on Reverse Side)		47. (Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number 100-23-155

Date Filed 100-23-155

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 [Signature] Student Embalmer

Student Embalmer No. _____

Signed [Signature]

Licensed Embalmer No. 4558

P. O. Address [Signature]

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.