No. 300
10-48

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

FILED DEC 12 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37088

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 96

**1. PLACE OF DEATH**
a. COUNTY: Howard 6451
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette, Mo.
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette 0451
d. STREET ADDRESS (If rural, give location): 308 S. Cleveland

**3. NAME OF DECEASED** (Type or Print)
a. (First): Catherine
b. (Middle): Simmons
c. (Last): Brooks

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 27, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 6/10/1858
**9. AGE** (In years last birthday): 93 — If under 1 year: Months 5, Days 17 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: ------
**11. BIRTHPLACE** (State or foreign country): Howard County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Andrew Jackson Simmons
**13b. MOTHER'S MAIDEN NAME**: Margaret Jane Baskett
**14. NAME OF HUSBAND OR WIFE**: Granville H. Brooks

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service): ------
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. C. C. Daniels — ADDRESS: Fayette, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation — Interval between onset and death: 6 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage — 7 hrs.
DUE TO (c) Hypertension — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS* — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June, 1946, to Nov. 27, 1951, that I last saw the deceased alive on Nov. 27, 1951, and that death occurred at 10:00 P m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): W. F. Shaw M.D.
**23b. ADDRESS**: Fayette Mo.
**23c. DATE SIGNED**: 11-28-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11/30/51
**24c. NAME OF CEMETERY OR CREMATORY**: Washington Cemetery
**24d. LOCATION** (City, town, or county) (State): Howard County, Missouri

DATE REC'D BY LOCAL REG.: 11-28-51
REGISTRAR'S SIGNATURE: Mary K. Shell 436
**25. FUNERAL DIRECTOR'S SIGNATURE**: Ralph A. Carr — ADDRESS: Fayette, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 11 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 11 1951

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 Ralph A. Case

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**