

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7796**  
**84**

FILED APR 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>PALASKI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Waynesville</b>	
c. LENGTH OF STAY (in this place) <b>19 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Box 335</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHAS. F. STILL OSTER HOSP</b>			

3. NAME OF DECEASED (Type or Print) <b>JAMES RAY Brooks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 31 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>April 10, 1930</b>	9. AGE (In years last birthday) <b>20</b>	# UNDER 1 YEAR Months <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STAVE MILL</b>		11. BIRTHPLACE (State or foreign country) <b>Pyette, ARKANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>NONE</b>	13b. MOTHER'S MAIDEN NAME <b>Hazel O'PHA Brooks</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1942-49</b>	16. SOCIAL SECURITY NO. <b>491-32-3522</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Melvin Suller</b>	ADDRESS <b>Waynesville Mo</b>
--	---	--	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Traumatic Cranial Injury</b> DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VIENNA, MO. Hwy. 63</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>VIENNA OSAGE MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 30 5:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>

22. I hereby certify that I attended the deceased from **March 30, 1952**, to **MARCH 31, 1952**, that I last saw the deceased alive on **March 31, 1952**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest E. Reber</b>	(Degree or title)	23b. ADDRESS <b>Jefferson City, MO</b>	23c. DATE SIGNED <b>Mar 31-52</b>
--	-------------------	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>April 2-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waynesville Missouri</b>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Mar 31-1952</b>	REGISTRAR'S SIGNATURE <b>R.P. Davis MD-MR</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b>	ADDRESS <b>...</b>
--	--	--	-----------------------

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

264

1001

APR 26 1952

APR 10 1952

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 Frank R. Rumphrey

Licensed Embalmer No. 4832

P. O. Address J. W. ...

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.