

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED APR 11 1952

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Naylor Rt 1.</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Community Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Andrew M.</u>	b. (Middle) <u>Brooks</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 60 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ripley Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Warsh Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Brooks</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tom Russell Naylor, Mo.</u>
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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) <u>Emia</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dehydration</u> DUE TO (c) <u>Ca of Throat</u>		<u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			<u>2 years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>148X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 1, 1952 to March 5, 1952, that I last saw the deceased alive on March 5, 1952, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson M.D.</u> (Degree or title)	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>Mo 3-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORIA <u>Kinzie</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-18-52</u>	REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Susan Mc Card* _____

Licensed Embalmer No. *4079* _____

P. O. Address *Way Cross, 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.