

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12276**

BIRTH NO. **383721** REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **26**

191
0

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton, 0171	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southside Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Cheryl	b. (Middle) Lynn	c. (Last) Brooks	4. DATE OF DEATH (Month) (Day) (Year) 4-11-52
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH April 11, 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 12 HOURS Hours 12	IF UNDER 60 MIN. Min. 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carrollton	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William J. Brooks	13b. MOTHER'S MAIDEN NAME Virginia Lee Caton	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William J. Brooks	ADDRESS Carrollton, Mo.
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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, asthenia, 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) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 7620			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **4-11-1952**, to **4-11, 1952** that I last saw the deceased alive on **4-11-1952** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE William J. Brooks	23b. ADDRESS Carrollton, Mo.	23c. DATE SIGNED 4-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-13-52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton, Missouri
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DATE REC'D BY LOCAL REG. 4/13/52	REGISTRAR'S SIGNATURE Mrs. Herbert Calver	25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home	ADDRESS Carrollton
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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.....

Body Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. M. Marshall

Licensed Embalmer No. 4469

P. O. Address Campton, Me.

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.