

STANDARD CERTIFICATE OF DEATH

27602

State File No.

FILED SEP 12 1952

BIRTH NO. ... REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 110

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>0352</u>	
c. LENGTH OF STAY (If this place) <u>14 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>503 Slicer</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Newton</u>	c. (Last) <u>Brooks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 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>Widowed</u>	8. DATE OF BIRTH <u>Mar. 30, 1885</u>	9. AGE (In years last birthday) <u>67</u>	UNDER 1 YEAR Months Days	10 UNDER 2 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William C. Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Spears</u>	14. NAME OF HUSBAND OR WIFE <u>Dose S. Brook</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. (If yes, give year or dates of service) <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha H. Hensley</u>	ADDRESS <u>Hammersville Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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 <u>4221</u>	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) (m.)	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 8-27, 1952, to 8-29, 1952, that I last saw the deceased alive on 8-29, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. P. Wiesner M.D.</u>	23b. ADDRESS <u>Kennett Mo</u>	23c. DATE SIGNED <u>9-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/31-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hammersville</u>	24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-2-1952</u>	REGISTRAR'S SIGNATURE <u>Paul H. Hunsbun</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson & Son</u>	ADDRESS <u>Hammersville Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-5-52

COUNTY FILE NUMBER 952-245

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 W T Emerson

Licensed Embalmer No. 358

P. O. Address Jamesburg, Pa

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.