

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32257**

FILED OCT 15 1952

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 304.3		Registrar's No. 308	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) Harrison		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Harrison		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Elizabeth Hospital				d. STREET ADDRESS (If rural, give location) 806 Sycamore ST			
3. NAME OF DECEASED (Type or Print) Craver		a. (First)		b. (Middle) C.		c. (Last) Brooks	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 24. 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 21. 1892		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 2 Days 3		IF UNDER 2 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Raymond, Co Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Abner Brooks		13b. MOTHER'S MAIDEN NAME Hannah Asberry		14. NAME OF HUSBAND OR WIFE Dorothy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dorothy Brooks, 806 Sycamore, Harrison, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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) Intestinal bleeding DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION 9/24/52		19b. MAJOR FINDINGS OF OPERATION Myocardial infarction				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrison, Marion, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 p.m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) D. Newtons, Chiropr. M. D. O.				23b. ADDRESS 508 Baseline, Harrison		23c. DATE SIGNED 10/3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-52		24c. NAME OF CEMETERY OR CREMATORY Granoville Burial Park		24d. LOCATION (City, town, or county) (State) Harrison Marion Mo	
DATE REC'D BY LOCAL REG. 10-6-52		REGISTRAR'S SIGNATURE Dr. E.M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. O'Connell Harrison Mo			

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

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RECEIVED OCT 13 1952
MARION CO. HEALTH DEPT.
DATE FILED OCT 13 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 H. M. Offenberg

Licensed Embalmer No. 3889

P. O. Address Hennepin 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.