

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37491

0013
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NOV 25 1952

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

FILED NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	c. LENGTH OF STAY (in this place) 12 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lakenan 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) James c. (Last) Brooks			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1889		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) 9 Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME James David Brooks		13b. MOTHER'S MAIDEN NAME Minnie F. Darnell		14. NAME OF HUSBAND WIFE Mildred Brooks	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 489-26-8268	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy J. Brooks, Lakenan, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 12 days	
	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. Hypertensive Vascular Disease			?	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 332X		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) _____	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 Nov 1, 1952, to Nov 12, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Woods D.O. (Degree or title)		23b. ADDRESS Kirkville, Mo		23c. DATE SIGNED 11-12-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-15-52	24c. NAME OF CEMETERY OR CREMATORY Shelbina IOOF	24d. LOCATION (City, town, or county) (State): Shelbina, Missouri		
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DATE REC'D BY LOCAL REG. 11-15-52	REGISTRAR'S SIGNATURE Kate Lambert 1-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Hayes Shelbina, Missouri		
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NOV 24 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Paul E. Hayes

Signed.....
Student Embalmer

Licensed Embalmer No. *4461*

P. O. Address *Shelbina, 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.