

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38015

State File No. ....

DEC 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 160

0242  
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Barren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u> <u>01920</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Sharp Nursing Home</u>	
d. FULL NAME OF (If death in hospital or institution, give street address of location) <u>Sharp Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rich</u> b. (Middle) <u>Brooks</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1952</u>
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>June 5 1886</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10a. KIND OF BUSINESS OR INDUSTRY <u>Doyle Lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Barren County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Young Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Jrta</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>710</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Brooks Norborne Mo</u>	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>  ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Atherosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia procedure on</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 days</u> <u>8-12 days</u> <u>year</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Prostate had been done elsewhere prior to this one</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY/TOWNSHIP (COUNTY) (STATE) <u>7th Street (COUNTY) (STATE)</u>	
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? <u>331X</u>	
22. I hereby certify that I attended the deceased from <u>11-22</u> <u>1952</u> , to <u>11-28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/25</u> , 19 <u>52</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Caroline Hutchings</u> (Degree or title)		23b. ADDRESS <u>Excelsior Springs Mo</u>	
23c. DATE SIGNED <u>11/27/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairham Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne Mo</u>
DATE REC'D BY LOCAL REG. <u>11/30/52</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Detch</u>	

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John G. Deitch*

Licensed Embalmer No. 3654

P. O. Address Noelville 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.