X
.S. No. 300
ev. 10-48

FILED FEB 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5383

0360
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BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Central
c. LENGTH OF STAY (In this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Clair Mo. Hwy. 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Central 0360
d. STREET ADDRESS (If rural, give location): R.R. 1

3. NAME OF DECEASED (Type or Print): a. (First) Angus b. (Middle) Omer c. (Last) Brooks

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1953

5. SEX: M O

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 7 - 1901

9. AGE (In years last birthday): 51 — If under 1 year: Months 6, Days 16 — If under 24 hrs.: Hours 16, Min. 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee Cotton Mill

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bunker Mo. O

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Isaiah Brooks

13b. MOTHER'S MAIDEN NAME: Emily Marriah Brooks

14. NAME OF HUSBAND OR WIFE: Elsie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 487-20-0984

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Elsie Brooks

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): In Auto Accident on

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Highway #66 2 miles East
DUE TO (c): of St. Clair, Missouri

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Basil Skull Fracture

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Fractured Jaw. E8164 26

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #66

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): St. Clair Central Franklin Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 20. 1953 5 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: One car crashing into another

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernst L. Oltmann Coroner

23b. ADDRESS: Gerald Missouri

23c. DATE SIGNED: Feb 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-23-53

24c. NAME OF CEMETERY OR CREMATORY: Ellington Cem.

24d. LOCATION (City, town, or county) (State): Ellington Mo.

DATE REC'D BY LOCAL REG.: 2-21-53

REGISTRAR'S SIGNATURE: E. L. Northingloce 96-1

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sherwood W. Kitchell St Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 17 1953

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 Sherman A. Mitchell

Licensed Embalmer No. 3873.

P. O. Address St. Louis, 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.