

## STANDARD CERTIFICATE OF DEATH

169533  
State File No. ....

FILED JUN 2 1953

BIRTH NO. .... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 81

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Audrain</u> <u>0043</u><br>b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u> township) c. LENGTH OF STAY (in this place) <u>8 days</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Audrain 0043</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> d. STREET ADDRESS (If rural, give location) |  |
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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Cassie</u><br>b. (Middle) <u>Nancy</u><br>c. (Last) <u>Brooks</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 22 1953</u> |
|--|---|

|                      |                               |   |                                     |   |                             |                             |
|----------------------|-------------------------------|---|-------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 14 1873</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|---|-------------------------------------|---|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u> | 11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>C.L. Beck</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Malinda Feike</u> | 14. NAME OF HUSBAND OR WIFE <u>Robert Henry Brooks</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Henry Brooks</u> | ADDRESS <u>Bellflower Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk.</u><br><u>10 yrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio-sclerosis</u><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from 5-15, 1953 to 5-22, 1953 that I last saw the deceased alive on 5-22, 1953, and that death occurred at 1:19 pm., from the causes and on the date stated above.

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|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>A. D. Ashburn</u> (Degree or title) | 23b. ADDRESS <u>676 + 1000</u> | 23c. DATE SIGNED <u>5-22-53</u> |
|---|--------------------------------|---------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 24 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Bellflower Mo.</u> |
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|   |  |   |                               |
|---|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>May 23-1953</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Neely</u> | ADDRESS <u>Bellflower Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Clarence A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.