

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24091

State File No.

No. 300

10-46

FILED AUG 1 1953

REG. DIST. NO. 48

PRIMARY REG. DIST. NO. 5173A

Registrar's No. 2

0140

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1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Summit Twp.)		c. LENGTH OF STAY (In this place) 77	c. CITY OR TOWN Fulton
d. FULL NAME OF HOSPITAL OR INSTITUTION Jumped from bridge into river		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Doyle		b. (Middle) Raymond	
c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) July 24 1953	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March, 1, 1906
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed at International Shoe Co	
11. BIRTHPLACE (City and State or Foreign Country) Callaway Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Homer B. Brooks		13b. MOTHER'S MAIDEN NAME Ida Mae Garrett	
14. NAME OF HUSBAND OR WIFE Annie B. Brooks		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 493-01-1645		17. INFORMANT'S SIGNATURE OR NAME Mrs. Doyle 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning ANTECEDENT CAUSES (b) Acute Depression DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Multiple Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E975X	
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, airport, office bldg., etc.) Mr. Ken Brooks, Jr.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Callaway County, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-24-53 12:15 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Jumped from bridge		22. I hereby certify that I attended the deceased from 3-2-53, 1953, to 3-26, 1953, that I last saw the deceased alive on 19, and that death occurred at 12:15 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Andrew A. Lewis, M.D. (Degree or title)		23b. ADDRESS 3920 Fulton, Mo	
23c. DATE SIGNED 7-30-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July, 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Garden	
24d. LOCATION (City, town, or county) (State) Fulton Mo		25. FUNERAL DIRECTOR'S SIGNATURE R. G. Dorris	
25. DATE REC'D BY LOCAL REG. Aug 1-1953		25. ADDRESS Home Fulton Mo	

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 body not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel C. Browning

Licensed Embalmer No. 1724

P. O. Address Fulton, T.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.