

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38748

State File No. ....

FILED NOV 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1050

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Brushy Knob</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>tal 0340</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cale</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Brooks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25, 1888</u>	9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	# UNDER 10 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Claybourn County, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William N. Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Bales</u>	14. NAME OF HUSBAND OR WIFE <u>Eula Brooks</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eula Brooks</u>	ADDRESS <u>Brushyknob, Mo.</u>
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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) <u>Traumatic laceration of pericardium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe compression of chest with multiple rib fractures</u>		<u>11 hrs.</u>
	DUE TO (c) <u>Multiple visceral lacerations and fractures</u>		<u>11 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>new Mansfield</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 19 1953 3:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>
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22. I hereby certify that I attended the deceased from Nov 19, 1953, to Nov 19, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Lundstrom M.D.</u>	(Degree or title) <u></u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>Nov 20, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Olatha, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-23-53</u>	REGISTRAR'S SIGNATURE <u>Leath Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home</u>	ADDRESS <u>Ave., Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  
*L. S. Gorman*

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield*.....

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.