

STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1953

REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Napoleon RR #1</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Napoleon Mo 0540</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Died at his home rural</i>		d. STREET ADDRESS (If rural, give location) <i>RR #1 Rural Day.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Tom</i> b. (Middle) <i>W</i> c. (Last) <i>BROOKER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 1-1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>nov 4 1877</i>
9. AGE (In years last birthday) <i>75</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Napoleon Mo</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Matthew Brooker</i>		13b. MOTHER'S MAIDEN NAME <i>Sophia Hays</i>	14. NAME OF HUSBAND OR WIFE <i>Grace</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Grace B. Brooker Napoleon,</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>myocarditis</i> DUE TO (c) <i>Diabetes</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Found dead in bed. 7 AM Was alive at 4 AM</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>no surgery</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>260X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1950</i> , to <i>10-31</i> , 1953, that I last saw the deceased alive on <i>10-31</i> , 1953, and that death occurred at <i>4A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. Martin M.D.</i>		23b. ADDRESS <i>Olessa Mo</i>	23c. DATE SIGNED <i>11-1-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11/4/1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Buckner Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Buckner, Missouri</i>
DATE REC'D BY LOCAL REG. <i>11/1/53</i>	REGISTRAR'S SIGNATURE <i>Erma Davidson</i>	453	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. C. Sheppard Wellington, Missouri</i>

Ja 8181

*[Handwritten signature]*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *J. Clair Shaffer*  
Licensed Embalmer No. 4179

Signed .....  
Student Embalmer

P. O. Address Wellington, Missa

**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.