

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9257**

BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3644** Registrar's No. **17**

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| 1. PLACE OF DEATH a. COUNTY Lafayette | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY Lafayette | |
| b. CITY (If outside corporate limits, write RURAL and give township) Lexington | | c. CITY (If outside corporate limits, write RURAL and give township) Hopkinsville Mo 546 | |
| c. LENGTH OF STAY (In institution) 2 months | | d. STREET ADDRESS (If rural, give location) 3 black end of main | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION W 13 Highway | | | |

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|---|------------|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) Elizabeth | a. (First) | b. (Middle) | c. (Last) Brooks | 4. DATE OF DEATH (Month) (Day) (Year) Feb 20-54 |
|---|------------|-------------|-------------------------|---|

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|----------------------|-------------------------------|--|--|---|
| 5. SEX Female | 6. COLOR OR RACE negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Feb 28-1910 | 9. AGE (In years) (If under 1 year: Months) (If under 12 mos.: Days) (If under 24 hrs.: Hours) (Mins.) 43 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY con. home | 11. BIRTHPLACE (City and State or Foreign Country) Atchison Kansas | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME David Jackson | 13b. MOTHER'S MAIDEN NAME Rosa Brown | 14. NAME OF HUSBAND OR WIFE Willie Brooks |
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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) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Willie Brooks | ADDRESS Hopkinsville, Mo |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broken neck @ 3 blocks & circulatory collapse following a motor car collision on W 13 highway 2 miles south of Hopkinsville Mo | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to (b) social & renal accident | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION no surgery | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) W 13 Highway | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lexington Lafayette Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 20 54 11P | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR motor car collision |
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22. I hereby certify that I attended the deceased from **after death**, to **2-21-54**, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11 P** m., from the wounds and of the date stated above.

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| 23a. SIGNATURE W. Martin, M.D., Coroner | (Degree or title) | 23b. ADDRESS Osborne Mo | 23c. DATE SIGNED 2-21-54 |
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|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 2/25/54 | 24c. NAME OF CEMETERY OR CREMATORY mt Moncier Cemetery | 24d. LOCATION (City, town, or county) (State) Hopkinsville Mo |
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| DATE REC'D BY LOCAL REG. 2-30-54 | REGISTRAR'S SIGNATURE W. Martin & Eastabrook | 1156-125: FUNERAL DIRECTOR'S SIGNATURE George Green | ADDRESS Marshall Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-48
540
13

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 _____

Licensed Embalmer No. 4220

P. O. Address Bushell 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.