

FILED MAY 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 11506

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Clark2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Scotlandc. CITY OR TOWN Kahoka
c. CITY OR TOWN Memphis
d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION X Ward Nursing, Home
e. STREET ADDRESS (If rural, give location) c990
13. NAME OF DECEASED a. (First) Sarah M. Brookhart b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) April 9 1954

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH May 8, 1866 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X 10b. KIND OF BUSINESS OR INDUSTRY Retired house wife X 11. BIRTHPLACE (City and State or Foreign Country) Schuyler County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ed Mannong 13b. MOTHER'S MAIDEN NAME Jane Minnick 14. NAME OF HUSBAND OR WIFE Sylvester Brookhart

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. 17. INFORMANT'S SIGNATURE OR NAME Mrs. Hubert Green ADDRESS Memphis, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 5 days*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Arterio Sclerosis DUE TO (b) Year

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 NO

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) 331 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to Apr 9, 1954, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE Perry S. Barton (Degree or title) 23b. ADDRESS Kahoka, Mo. 23c. DATE SIGNED 4-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE April 11, 1954 24c. NAME OF CEMETERY OR CREMATORY Memphis, Cemetery 24d. LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REG. 5/4-54 REGISTRAR'S SIGNATURE M. Bridgert 25. FUNERAL DIRECTOR'S SIGNATURE X Huth or Bessie ADDRESS Memphis Mo.

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed X *Ed. [Signature]*.....
Licensed Embalmer No. *484*

P. O. Address: *Murphy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.