

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26124**

BIRTH NO. ---		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 238
1. PLACE OF DEATH a. COUNTY MOAIR		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Scotland		
b. CITY OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN Greensburg	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 Community Nursing Home		e. STREET ADDRESS (If rural, give location) 899		
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Brooks c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) 8 16 54		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH May 26, 1890	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Greensburg, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME William Forguer		13b. MOTHER'S MAIDEN NAME Elizabeth Stough		14. NAME OF HUSBAND OR WIFE Elmer Brooks
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 Edgar Dalton ADDRESS Quincy
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2-24 , 19 53 , to 8-16 , 19 54 , that I last saw the deceased alive on 8-15 , 19 54 , and that death occurred at 6:20A m., from the causes and on the date stated above.				
23a. SIGNATURE David de Brune M.D. (Degree or title)		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 8-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Bible Grove Cemetery
24d. LOCATION (City, town, or county) (State) Bible Grove Missouri				
DATE REC'D BY LOCAL REG. 8-20-54		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Gerth Beckwith Memphis ADDRESS

(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 *Fred Gerth*.....

Licensed Embalmer No. *H. 2*.....

P. O. Address *Minneapolis*.....

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.