

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graniteville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graniteville</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMANDA</u> b. (Middle) _____ c. (Last) <u>BROOKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1955</u>
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5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 2 1868</u>	9. AGE (In years) (last birthday) <u>87</u>	IF UNDER 1 YEAR (Months) (Days) <u>1 22</u>	IF UNDER 24 HRS. (Hours) (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jonah Thurman</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Stricklin</u>	14. NAME OF HUSBAND OR WIFE <u>Elige Brooks</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elige Brooks, Graniteville Mo.</u>	ADDRESS _____
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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) <u>MEUULLARY PARALYSIS</u>		<u>2 da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL THROMBOSIS</u> DUE TO (c) <u>ESSENTIAL HYPERTENSION</u>		<u>5 da.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>sev. yrs.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from FEB, 1954, to FEB 24, 1955, that I last saw the deceased alive on FEB 24, 1955, and that death occurred at 3:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin L. Pulae DO.</u>	23b. ADDRESS <u>17 So Jackson Farmington Mo 2-25-55</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middlebrook Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Middlebrook Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 25 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u>	ADDRESS <u>White Funeral Home, Iron ton Mo.</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
Student Embalmer

Signed Audley White

Licensed Embalmer No. 3012

P. O. Address Imitor, Md

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.