

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10753

FILED MAR 24 1955

4519 State File No. 6797 Registrar's No. 24

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 6797		Registrar's No. 24		
1. PLACE OF DEATH a. COUNTY TEXAS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL c. LENGTH OF STAY (In this place) 10 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) JOEL b. (Middle) WILSON c. (Last) BROOKS			4. DATE OF DEATH (Month) (Day) (Year) 3-18-55					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-28-1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LICKING, MO.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME TURNER		13b. MOTHER'S MAIDEN NAME BROOKS NANCY FORD		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ARCH BROOKS					ADDRESS CABOOL
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH ? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <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)				
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 Mar 11, 1955, to Mar 18, 1955, that I last saw the deceased alive on Mar 17, 1955, and that death occurred at 12:40A m., from the causes and on the date stated above.								
23a. SIGNATURE Garrett Lloyd Smith				23b. ADDRESS Cabool MO		23c. DATE SIGNED 3/19/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-20-55	24c. NAME OF CEMETERY OR CREMATORY NAGEL		24d. LOCATION (City, town, or county) (State) TEXAS CO., MO.			
DATE REC'D BY LOCAL REG. 3-19-55		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE Elliott - Stealy		ADDRESS Cabool		

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

10-20

**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 *James L. Ten*

Licensed Embalmer No. *4718*

P. O. Address *Caloo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.