

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25666

State File No.

BIRTH NO.		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5307</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville Rural</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville. Rural</u>			d. STREET ADDRESS (If rural, give location) <u>2680</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Brooks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26 - 55</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11 - 37</u>		9. AGE (In years last birthday) <u>25</u>	10. UNDER 1 YEAR Months <u>6</u>	11. UNDER 12 HRS. Days <u>1</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>railroad employe</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carman Helper</u>		11. BIRTHPLACE (State or foreign country) <u>Waterman Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Silas L Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Gledeth Brooks</u>			
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. <u>319-24-9215</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gledeth Brooks Russellville</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No evidence of foul play</u> DUE TO (c) <u>Evidently accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CAUSED BY EXCESSIVE</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Speed</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>car wreck</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about 6 1/2 mi</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>of Russellville</u> (COUNTY) <u>Cole</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 26 55 4P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NOT KNOWN - CAR TURNED OVER 2 OR 3 TIMES</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.H. Smith, M.D., acting coroner - Jeff. City Mo</u>				23b. ADDRESS <u>Jeff. City Mo</u>		23c. DATE SIGNED <u>8-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 30th 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enloe Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 29</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.N. Steffens</u> ADDRESS <u>Russellville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1958

JUL 27 1958

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 *M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville*

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

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