

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29118

FILED SEP 22 1955

State File No. 499

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		Registrar's No. <u>499</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brasley Mo.</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brasley Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Brooks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31 - 1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>3-15-1919</u>	
9. AGE (In years, months, days) <u>36</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Miss.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Drayton Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Susie ?</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Drayton Brooks, Brasley, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>Influenza</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>480x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>6 mo</u> <u>1 yr</u>	
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 <u>8-22-1955</u> , to <u>8-31-1955</u> , that I last saw the deceased alive on <u>8-30-1955</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Benton M.D.</u>				23b. ADDRESS <u>Topack Bluff, Mo.</u>		23c. DATE SIGNED <u>9-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wm. S. Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/14/55</u>		REGISTRAR'S SIGNATURE <u>W. H. Benton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith - Stanton Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

200 1 10 1955

RECEIVED

SEP 20 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Fred J. Smith*

Licensed Embalmer No. *4408*

P. O. Address *Directors MA*

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.