

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48

FILED NOV 8 1955

State File No. **32394**

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

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 5148		Registrar's No. 38	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.)			
a. COUNTY Caldwell		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln twp		a. STATE Missouri		b. COUNTY Caldwell	
c. LENGTH OF STAY (In this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln twp		d. STREET ADDRESS (If rural, give location) 0130 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Clarence			b. (Middle) Ora			c. (Last) Brookshier	
(Type or Print)			Date: (Month) (Day) (Year) 10 17 55				
5. SEX <input type="checkbox"/> male <input checked="" type="checkbox"/> female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-28-1888	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY For self		11. BIRTHPLACE (State or foreign country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? C
13a. FATHER'S NAME Samuel E. Brookshier			13b. MOTHER'S MAIDEN NAME Janette Cravens			14. NAME OF HUSBAND OR WIFE Anna E. Brookshier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Anna E. Brookshier, Cowgill, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure					20 min
		ANCECEDENT CAUSES					
		DUE TO (b) Acute Myocardial Infarction					2 days
		DUE TO (c) Acute Myocardial Infarction					13 mos
		II. OTHER SIGNIFICANT CONDITIONS*					
		Coronary Artery Sclerosis with Aortic Stenosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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 Sept 7, 1954 , to Oct 17, 1955 , that I last saw the deceased alive on Oct 17, 1955 , and that death occurred at 2:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Hermit Howell</i> (Degree or title) D.O.				23b. ADDRESS Polo, Mo		23c. DATE SIGNED 10/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-19-55		24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery		24d. LOCATION (City, town, or county) (State) Cowgill, Missouri	
DATE REC'D BY LOCAL REG. 10-31-55		REGISTRAR'S SIGNATURE <i>Mrs. Ruth Ann Ziegler</i>		25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark, Kingston, Mo.			

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, M

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.