

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39832

State File No.

No. 300
10-48

FILED JAN 4 - 1956

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5151 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>CADWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>WYOMING</u> b. COUNTY _____	
b. CITY OR TOWN <u>RURAL KIDDER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAYNE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 36 6mi. East</u>		d. STREET ADDRESS (If rural, give location) <u>WARREN AIR FORCE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>S.</u> c. (Last) <u>BROOKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-17-1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May-16-1920</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Johnston Co. N.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>ROBERT G. SELLARS</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Hayes</u>	14. NAME OF HUSBAND OR WIFE <u>DANIEL P. BROOKS.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OF NAME <u>J. W. Carter</u> ADDRESS <u>809 CLUMB RD. CHARLOTTE, N.C.</u>
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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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u> 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"/>
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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) <u>Kidder</u> (COUNTY) <u>Cadwell</u> (STATE) <u>Wyo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. H. Sweet</u>	23b. ADDRESS <u>P.O. Cadwell Wyo.</u>	23c. DATE SIGNED <u>12-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not known</u>	24d. LOCATION (City, town, or county) (State) <u>FAYOTVILLE N.C.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-56</u>	REGISTRAR'S SIGNATURE <u>Bludis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss</u> ADDRESS <u>CRUNK Comer Wyo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0120

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JAN 6 1938

REC F 1 20V

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Wm. C. Cunk*

Licensed Embalmer No. *2533*

P. O. Address *Commerce, MO*

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.