

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12371**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **514**

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. JOSEPH		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 40 yrs.		e. STREET ADDRESS (If rural, give location) 110 So. 10th, St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOVEY NURSING HOME (110 So. 10th)			

3. NAME OF DECEASED (Type or Print) WILLIAM D. BROOKS			4. DATE OF DEATH (Month) (Day) (Year) MAY 2, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 15, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (City and State or Foreign Country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unk	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. FRED SCHMITT - St. JOSEPH, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH 5 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Hemorrhages		Unk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind and General Debility			

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) m.	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 3/25, 1956, to 5/2, 1956, that I last saw the deceased alive on 5/1, 1956, and that death occurred at 10:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D.	23b. ADDRESS 2801 Sacramento St. Joseph, Mo.	23c. DATE SIGNED 5/3/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 7, 1956	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State) St. JOSEPH, MISSOURI		

DATE REC'D BY LOCAL REG. May 10, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Charles Harman BARRY-HARMAN FUNERAL HOME - ST. JOSEPH, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, ~~or~~ by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. Papp*

Licensed Embalmer No. *39*

P. O. Address *Hoop*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.