

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22482**

FILED JUN 20 1956

BIRTH NO. _____		REG. DIST. NO. <b>322</b>		PRIMARY REG. DIST. NO. <b>3071</b>		Registrar's No. <b>30</b>			
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b>		c. LENGTH OF STAY (in this place) <b>38 years</b>		c. CITY OR TOWN <b>Slater</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>				e. STREET ADDRESS (If rural, give location) <b>320 Emerson</b>					
3. NAME OF DECEASED a. (First) <b>RICHARD</b> (Type or Print) <del>ROBERT</del>			b. (Middle) <b>none</b>		c. (Last) <b>Brooks</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 2 56</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 27 1889</b>		9. AGE (in years last birthday) <b>67</b> IF UNDER 1 YEAR: Months <b>3</b> Days <b>5</b> IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engine watchman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad, G.M.O.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arrow Rock, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lowellen Brooks</b>			13b. MOTHER'S MAIDEN NAME <b>Pharfenie Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Thelma Brooks</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>709-10-8729</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Thelma Brooks, Slater, Missouri</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of rectum</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
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) <b>SALINE Mo</b>					
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
I hereby certify that I attended the deceased from <b>April</b> , 19 <b>56</b> , to <b>June 2</b> , 19 <b>56</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:50a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>J. Nelson Adams, M.D.</b>			23b. ADDRESS <b>214 1/2 N. Main - Slater</b>			23c. DATE SIGNED <b>6-4-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/4/56</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>Slater Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-12-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Earl C. Metz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>George H. Green, Marshall, Mo</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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