

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31436

STATE FILE NUMBER

FILED SEP 25 1956

Registration District No. 217 Primary Registration District No. 2045 Registrar's No. 52

Health, Welfare, Public Service  
300-1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

|  |                                  |   |  |  |   |   |   |  |
|--|----------------------------------|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mississippi</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Charleston, Mo.</u>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN <u>Charleston, Mo.</u>   |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><u>Home</u>   |                                  |   |  | Length of stay in lb   |   | d. STREET ADDRESS (If outside, give location)<br><u>303 S. Virginia</u> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Jessie</u> Middle <u>Brooks</u> Last <u>Gillispie</u>  |                                  |   |  |  |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>22</u> Year <u>1956</u>  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>April 26, 1890</u>  |   | 9. AGE (In years last birthday)<br><u>66</u>                            | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>26</u> Hours <u></u> Min. <u></u>                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Livingston, Co. Ky.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                              |   |  |
| 13. FATHER'S NAME<br><u>Merridith Brooks</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  |   | 16. SOCIAL SECURITY NO.<br><u>-----</u>  |  | 17. INFORMANT<br><u>Buck Gillispie</u> Address <u>Charleston, Mo.</u> |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary thrombosis &amp; occlusion</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive heart disease</u><br>DUE TO (c) <u></u> |                                  |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).<br><u>4201</u>  |                                  |   |  |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year <u></u><br>a. m. <u></u> p. m. <u></u>  |                                  |   |  |  |   |   |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY  | STATE   |  |
| 21. I attended the deceased from <u>Aug 22/56</u> to <u>Aug 27/56</u> and last saw her <u>him</u> alive on <u>Aug 22/56</u> .<br>Death occurred at <u>10:40 PM</u> <u>P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>T. P. Fenton D.O.</u>   |                                  |   |  | 22b. ADDRESS<br><u>Wyatt, Mo.</u>  |   | 22c. DATE SIGNED<br><u>8/24/56</u>                                      |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>8-25-56</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F.</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Charleston, Miss. Mo.</u>  |   | (State)   |   |  |
| 24. FUNERAL DIRECTOR<br><u>Mc Mikel Funeral Home</u><br><u>Charleston, Mo.</u>   |                                  |   | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><u>9-7-56</u>                         | 26. REGISTRAR'S SIGNATURE<br><u>Dorothy B. Hathorn</u>                  |   |  |

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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.....  
Signature of Student Embalmer

Signed *J. Edgar Noyes, Jr.*.....  
Licensed Embalmer No. *40*

P. O. Address *Chillicothe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.