

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5290

State File No. 793

BIRTH NO.		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 2078		Registrar's No. 2			
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Springcreek		c. LENGTH OF STAY (in this place) yrs		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 3 Salem Mo				e. STREET ADDRESS (If rural, give location) rt 3 Salem Mo					
3. NAME OF DECEASED a. (First) Elisha			b. (Middle) Franklin		c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1957		
5. SEX male <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 30 1899		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and State or Foreign Country) Hoxie Mich			12. CITIZEN OF WHAT COUNTRY? U S		
13a. FATHER'S NAME Oliver Brooks			13b. MOTHER'S MAIDEN NAME Harriett Roach			14. NAME OF HUSBAND OR WIFE Emma Snyder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER (If you give war or dates of service) X 489-16-5206		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Snyder Brooks Salem Mo Rt 3					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Cerebral thrombosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Hypertensive Cardio-vascular disease</i> Interval between onset and death 10 yrs.							
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 10-15, 1952, to 1-23, 1957, that I last saw the deceased alive on 1-19, 1957, and that death occurred at 6 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Carl Wittmer MD</i>						23b. ADDRESS Salem Mo		23c. DATE SIGNED 1/25/57	
24a. BURIAL OR CREMATION REMOVAL (Specify) buried		24b. DATE 1-27-57	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		24d. LOCATION (City, town, or county) (State) Salem Dent Co Mo				
DATE REC'D BY LOCAL REG. 1-28-57		REGISTRAR'S SIGNATURE M.M. Had MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Wittmer MD</i>				

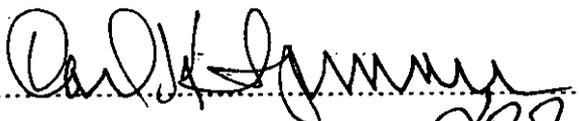
(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed


Licensed Embalmer No. 237

P. O. Address Salem

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.