

FILED OCT 2 1957

Registration District No. 201 Primary Registration District No. 6035 Registrar's No. 2397

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1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jordan Township.</u>		c. CITY OR TOWN <u>Doniphan, Missouri, Rt 2</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 Mi. N. of Doniphan.</u>		d. STREET ADDRESS (If outside, give location) <u>14 Mi. N. of Doniphan, Missouri.</u>	
3. NAME OF DECEASED (Type or print) First <u>Prince</u> Middle <u>Arthur</u> Last <u>Brooks.</u>		4. DATE OF DEATH <u>Sept. 10, 1957.</u>	
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 21, 1882.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (City and state or country) <u>Doniphan, Missouri, Rt. 2.</u>
13a. FATHER'S NAME <u>N.T. Brooks.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Barton.</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Brooks, (deceased).</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-18-3743</u>	17. INFORMANT <u>His mother, TOPPA, 12 h.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis generalizd.</u> DUE TO (c) <u>senility.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u> <u>10 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 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.) <u>331x</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>July 20, 1957</u> to <u>Sept 10, 1957</u> and last saw ^{her} <u>him</u> alive on <u>Aug 28, 1957</u> Death occurred at <u>9:30 p</u> m on the date stated above; and to the best of my knowledge, <u>from</u> the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Johnson M.D.</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	22c. DATE SIGNED <u>9/12/57.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT 12, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELIZABETH CEMETERY.</u>	23d. LOCATION (City, town, or county) <u>RIPLEY COUNTY, MISSOURI</u>
24. FUNERAL DIRECTOR <u>Ray Measor, Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Ray Meenan*

Licensed Embalmer No. *3743*

P. O. Address *Danipham, Ct*

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.