

JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1012-58

769

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 11

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1117 N. Baldwin</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>No</u> b. (Middle) <u>Glenn</u> c. (Last) <u>Brooks</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1958</u> |
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| 5. SEX <u>M</u> 6. COLOR OR RACE <u>Negro</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>1-4-1958</u> | 9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 48 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>D</u> <u>Kennett, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>John Wayne Brooks</u> | 13b. MOTHER'S MAIDEN NAME <u>Carrie Mae Willoughby</u> | 14. NAME OF HUSBAND OR WIFE |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Brooks</u> | ADDRESS <u>1117 N. Baldwin Kennett, Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure due to Prematurity</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>7735</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1-4-58, 1958, to 1-4-58, 1958, that I last saw the deceased alive on 1-4-, 1958, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>James J. Juzzell M.D.</u> | 23b. ADDRESS <u>Kennett, Missouri</u> | 23c. DATE SIGNED <u>1-4-1958</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-4-58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Backyard</u> | 24d. LOCATION (City, town, or county) (State) <u>1117 N. Baldwin St. Kennett, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-16-58</u> | REGISTRAR'S SIGNATURE <u>Carl Husband</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Father of [Name]</u> | ADDRESS <u>1117 N. Baldwin Kennett, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11713

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-20-58

COUNTY FILE NUMBER 158

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.