

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

780

State File No.

FILED JAN 22 1958

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 2

351

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>19 month</u>		d. STREET ADDRESS (If rural, give location) <u>Apt. 120 1/2 Malden Air Base</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

0351

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda Elizabeth</u> b. (Middle) <u>Brooks</u> c. (Last) <u>Brooks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 7 - 58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-22-1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Leighton Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Ayers</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Looney</u>	14. NAME OF HUSBAND OR WIFE <u>Herbert Brooks</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William H Brooks</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		10 years
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Uterus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174X</u>			

19a. DATE OF OPERATION <u>July 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy and Radium Treatment- Carcinoma of Uterus</u>	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) m.	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 July 1, 1957, to Jan 7, 1958, that I last saw the deceased alive on Jan 6, 1958, and that death occurred at 10:00 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Charles S Williams M.D.</u>	23b. ADDRESS <u>Malden, Missouri</u>	23c. DATE SIGNED <u>1-7-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-9-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leighton Ala.</u>
24d. LOCATION (City, town, or county) (State) <u>Alab.</u>		

DATE REC'D BY LOCAL REG. <u>1-17-58</u>	REGISTRAR'S SIGNATURE <u>J. L. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cobb Funeral Home Blytheville Ark.</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
Student Embalmer

Signed Jas. P. Stovall

Licensed Embalmer No. 3100

P. O. Address Blytheville, Ar

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.