

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017180

State File No.

FILED JUN 2 1958

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Williamstown 0560 0		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 Laughlin Hospital			STREET ADDRESS (If rural, give location) R. F. D. #1		
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) Olive	c. (Last) Brookhart	4. DATE OF DEATH (Month) (Day) (Year) May 24, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Greeley, Colo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME H eman Allen Hume		13b. MOTHER'S MAIDEN NAME Sarah Carman		14. NAME OF HUSBAND OR WIFE Lawrence Brookhart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Nichols, Williamstown, Mo.		
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* (a) Cerebral Hemorrhage 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. Senility				INTERVAL BETWEEN ONSET AND DEATH Approx. 5da
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? 2 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 May 21, 1958 , to May 24, 1958 , that I last saw the deceased alive on May 24, 1958 , and that death occurred at 5:50 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE E. F. Slaughtes, DO			23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 5/27/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/27/58	24c. NAME OF CEMETERY OR CREMATORY Ballard Cemetery	24d. LOCATION (City, town, or county) (State) Clark County, Mo.		
DATE REC'D BY LOCAL REG. 5-28-58		REGISTRAR'S SIGNATURE Dorcas W. Rath	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Clay Kirkville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 0 1958

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 *Richard P. Ellis*.....

Licensed Embalmer No. *5030*

P. O. Address *Fishersville, Va*

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.