

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41454-58  
58-019239  
State File No. ....

FILED JUN 4 1958

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>21 days</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memo. Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>--</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tracy</u> b. (Middle) <u>Darrel</u> c. (Last) <u>Brooks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1958</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>May 23 1958</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County Mem Rolla Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Ronald Brooks</u>			13b. MOTHER'S MAIDEN NAME <u>Melba Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage (Basilar) (?) 24hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>(Etiology unknown - baby breath)</u> DUE TO (c) <u>- early delivery - history of mother falling a few wks. ago</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mother has bleeding tendency</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7600</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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 <u>5/23</u> , 19 <u>58</u> , to <u>5/24</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/24</u> , 19 <u>58</u> , and that death occurred at <u>7:40 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Bass</u>				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>5/25/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-25-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North Lawn Mem</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>	
DATE REC'D BY LOCAL REG <u>May 26, 1958</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. James</u>		ADDRESS <u>John Ma</u>	

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

3800

RECEIVED

Phelps County Health Officer,

County File Number 1050

Date Filed 6-3-58

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.....  
*Carl D. Johnson*

Licensed Embalmer No. 237

P. O. Address.....  
*John*

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.