

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022958
STATE FILE NUMBER

FILED JUN 24 1958

Registration District No. 301 - Primary Registration District No. 44-02 Registrar's No. 395

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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

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>Daniphan.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jordan Township.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital.</u>		Length of stay in lb <u>12 Hours.</u>	d. STREET ADDRESS (If outside, give location) <u>12 Mi. N. of Daniphan, Missouri.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Washington Brooks.</u>			4. DATE OF DEATH Month Day Year <u>June 14, 1958.</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 8, 1887.</u>	9. AGE (In years last birthday) <u>70.</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.: Hours Min.	
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>Ripley County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Napoleon Thomas Brooks.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Barton.</u>		14. NAME OF HUSBAND OR WIFE <u>Never married.</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>None.</u>	17. INFORMANT Address <u>Genl. Steele, Daniphan, Mo.</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>Myocardial Infarct.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours.</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>generalized arteriosclerosis.</u>					<u>3 year.</u>
DUE TO (c) <u>4201</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.)		
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>January 150</u> to <u>June 14, 1958</u> and last saw ^{her} alive on <u>6/13/58.</u> Death occurred at <u>3:30</u> A on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Frank C. Johnson, M.D.</u>			22b. ADDRESS <u>Daniphan, Mo.</u>		22c. DATE SIGNED <u>6/17/58.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>June 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brooks Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ray Means, Daniphan, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Johnston</u> (deputy)	

JUN 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 *Ray Means*

Licensed Embalmer No. *3243*

P. O. Address *Doniphan, Mo.*

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.