

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024712
STATE FILE NUMBER

XC - 40 96 94

RN-16728

FILED JUL 24 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 59

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RAVENDEN SPRINGS <i>8030</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in 1b 6 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE ONE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle GILBERT Last BROOKS			4. DATE OF DEATH Month JULY Day 10, Year 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-5-96	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) GALATIA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME WITT BROOKS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MYRTLE BROOKS (DECEASED)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WVI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis		Several yrs.
	DUE TO (c) 332X		
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from July 4, 1958 to July 10, 1958 Death occurred at 9:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, M.D., Chf. Medical Service VAH, POPLAR BLUFF, MISSOURI	22b. ADDRESS	22c. DATE SIGNED 7-11-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-14-1958	23c. NAME OF CEMETERY OR CREMATORY Crawford Cemetery	23d. LOCATION (City, town, or county) (State) Randolph County, Arkansas
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24. FUNERAL DIRECTOR <i>W. C. McNabb</i> W. C. McNabb	ADDRESS Pocahontas, Ark.	25. DATE RECD. BY LOCAL REG. 7/19/58	26. REGISTRAR'S SIGNATURE <i>R. Schmetz</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

JUL 21 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

DATE

BY

STATE

NO.

X

TYPE

CLASS

EMBALMER

REGISTERED

NO.

EXPIRES

DATE

BY

STATE

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 *M C McGehee* _____

Licensed Embalmer No. *680*
P. O. Address *Decatur, Ga*

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.