

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026169

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Chariton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Rothville 0210 C</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Brookfield Nursing Home</i>		Length of stay in 1b <i>6 months</i>	d. STREET ADDRESS (If outside, give location) <i>none</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>Cosby Annice Brecount</i>			4. DATE OF DEATH <i>July 29, 1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>February 20, 1869</i>		9. AGE (In years last birthday) <i>89</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Homemaker</i>	11. BIRTHPLACE (City and state or country) <i>Linn County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Isaac Edward Lambert</i>			14. MOTHER'S MAIDEN NAME <i>Nancy Jane Wise</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Arthur Brecount, Brookfield, Mo.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>90 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<i>4222</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Senile dementia</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____ a. m. _____ p. m. _____		

20d. INJURY OCCURRED WHILE AT <input 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 <i>Brookfield, Mo.</i>	COUNTY	STATE
21. I attended the deceased from <i>1955</i> to <i>7-29-58</i> and last saw her alive on <i>7-29-58</i> Death occurred at <i>11:45 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>W. B. Simpson Sr.</i>		22b. ADDRESS <i>Brookfield, Mo.</i>	22c. DATE SIGNED <i>7-30-58</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>July 31, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rothville Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Rothville, Missouri</i>
24. FUNERAL DIRECTOR <i>Hill Funeral Home, Brookfield, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>7-31-58</i>	26. REGISTRAR'S SIGNATURE <i>Katharine Johnson</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service 582 4 300 1-56
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. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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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.....
Signature of Student Embalmer

Signed *Gerald I. Wade*.....

Licensed Embalmer No. *411*

P. O. Address *Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.