

Health, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033862  
STATE FILE NUMBER

FILED OCT 2 1958

Registration District No. 300 Primary Registration District No. 6029 Registrar's No. 14

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY Reynolds Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP and Range & Section) <u>Ellington, Mo.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Ellington, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>on Highway 21</u> Length of stay in lb		d. STREET ADDRESS <u>Rural Bogart Turn</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James William Brooks</u>			4. DATE OF DEATH Month Day Year <u>9-20-58</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</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>12-6-39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>43 DISCIPLE, S.L.W.'S</u>	11. BIRTHPLACE (City and state or country) <u>Reynolds Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Brooks</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY E. Moffit</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NA</u>		16. SOCIAL SECURITY NO. <u>499-40 5085</u>	
17. INFORMANT <u>Fred Brooks</u> Address <u>ELLINGTON</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>accidental Traumatism to head &amp; neck (car-to-wreck)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>	
20a. ACCIDENT <input checked="" 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. <u>6:40 PM</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway 21</u>	
20f. CITY, TOWN, OR LOCATION <u>Ellington, Mo (Rural)</u>		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him/her alive on _____ Death occurred at <u>7:25 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Cornett Carter, MD</u>		22b. ADDRESS <u>Ellington, Mo</u>	
22c. DATE SIGNED <u>Sept 21/58</u>			
23a. BURIAL, CREMATION, OR DISPOSAL (Specify)	23b. DATE <u>9-23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>	23d. LOCATION (City, town, or county) (State) <u>Ellington, Mo.</u>
24. FUNERAL DIRECTOR <u>Chas S. Ruff, Ellington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-20-58</u>	
26. REGISTRAR'S SIGNATURE <u>Eddie Evans</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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Reynolds County  
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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 *Charles S. Smith* .....

Licensed Embalmer No. 4574 .....

P. O. Address Ellington, N.C.

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.