

Health,
Welfare
Public
Service

XC 2966727
SL 5438

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045454
STATE FILE NUMBER
12151

318

1003

FILED JAN 5 1958

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY OKMULGEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HENRYETTA 8359
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NURSING HOME INSTITUTION 35 VETS ADMIN HOSPITAL		Length of stay in lb 23 DAYS	d. STREET ADDRESS (If outside, give location) 33 909 W. DIVISION
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last KENNETH O. BROOKSHIER			4. DATE OF DEATH Month Day Year DEC 15 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/26/95	9. AGE (In years at birthday) 63 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VNA		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NEWBERRY, INDIANA 1		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME W. E. BROOKSHIER		13b. MOTHER'S MAIDEN NAME LUCINDA DIVEN		14. NAME OF HUSBAND OR WIFE HELEN M. BROOKSHIER	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 446204579	17. INFORMANT VA HOSP RECORDS 915 N GRAND ST LOUIS, MO
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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) THROMBOSIS OF CORONARY ARTERY		INTERVAL BETWEEN ONSET AND DEATH 4 HOURS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		10 YEARS
DUE TO (c) - - - - - 420.0 - - -		-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" 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 WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11/22/58 to 12/15/58 and last saw him alive on 12/15/58 Death occurred at 8:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE R. L. Thomas	(Degree or title) M.D.	22b. ADDRESS 915 N Grand St Louis, Mo.	22c. DATE SIGNED 12/16/58
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23a. BURIAL, CREMATION, or other disposition REMOVAL	23b. DATE 12/17/58	23c. NAME OF CEMETERY OR CREMATORY THE LINDSAY, M.D. HENRYETTA, OK.	23d. LOCATION (City, town, or county) (State) HENRYETTA, OKLA.
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24. FUNERAL DIRECTOR EDW. FENDLER 5611 S. GRAND	ADDRESS	25. DATE REC'D BY LOCAL REG. DEC 17 58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. J.C.P.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Spedley A. Speller Jr*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.