

Health Welfare Public Service
 FILED JAN 29 1959

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-002477
 STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Putnam Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Elm Tmp/</u>		c. CITY OR TOWN <u>Rural-Elm Tmp.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Livonia</u>		d. STREET ADDRESS (If outside, give location) <u>Livonia</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>life</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Henry</u> Last <u>Brookhart</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 9, 1904</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer and miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>coal</u>	11. BIRTHPLACE (City and state or country) <u>Putnam Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Leander Brookhart</u>	13b. MOTHER'S MAIDEN NAME <u>Bernetta Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Brookhart</u>
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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>487-14-7094</u>	17. INFORMANT <u>Grace Brookhart-Livonia, Mo., RR 2</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Blockage of arteries</u> DUE TO (c) <u>& hypertension from family</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4/20/1</u>		

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 WORK <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	COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Thomas J. Daddo</u>	(Degree or title) <u>Physician</u>	22b. ADDRESS <u>Unionville, Mo.</u>	22c. DATE SIGNED <u>1-16-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>1-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lone Pine Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>F.O. Husted & Son-Unionville, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Marvella Dinslow</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Murl E. Husted*

Licensed Embalmer No. *3304*
P. O. Address *Amorville*

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.