

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012150
STATE FILE NUMBER

DECEASED MAY 4 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 135

300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H. Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 616 N. Florence

3. NAME OF DECEASED (Type or print) First Dean Middle Songer Last Brooks			4. DATE OF DEATH Month April Day 27 Year 1959		
--	--	--	---	--	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	------------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher	10b. KIND OF BUSINESS OR INDUSTRY School Teacher	11. BIRTHPLACE (City and state or country) Adair County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	---

13a. FATHER'S NAME John Songer	13b. MOTHER'S MAIDEN NAME Sarah Jane Wynn	14. NAME OF HUSBAND OR WIFE Ellsworth W. Brooks
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Address Miss Linda Dean Brooks, Kirksville, Mo.
--	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) subarachnoid embolus		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) chronic auricular fibrillation	2 years
	DUE TO (c) chronic rheumatic heart disease	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4/6 X		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.)
---	--

20c. TIME OF INJURY Hour 1:15 Month, Day, Year April 27, 1959 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 COUNTY STATE
---	---	--	---

21. I attended the deceased from 1957 to April 27 and last saw her alive on April 27, 1959 Death occurred at 1:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) M.T. Gutschalk D.D. 2	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 4-28-59
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
--	------------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Paul H. R. [unclear] Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 4-28-1959	26. REGISTRAR'S SIGNATURE Doris A. Rathoff
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

M.T. GUTSCHALK D.D. ALL diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

MAY 5 1959

MAY 5 1959

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 *Richard R. Ellis*

Licensed Embalmer No. *5036*

P. O. Address *Hicksville, Mo.*

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.