ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017313
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 544

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1325 N. Broadway — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0396 1325 N. Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Harold Middle: Eugene Last: Brooks

4. DATE OF DEATH Month: June Day: 1 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 6, 1882
9. AGE (In years last birthday): 77 — 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): Ret. Steam Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Ret.
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: A.J.Brooks
13b. MOTHER'S MAIDEN NAME: Martha A. Johnson
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Johnson Brooks Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH
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) 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 1, 1959 and last saw him alive on May 2, 1959
Death occurred at 2:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lyman D. Brown M.D.
22b. ADDRESS 311½ College
22c. DATE SIGNED 6/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-3-59
23c. NAME OF CEMETERY OR CREMATORY Marshfield, Cemetery
23d. LOCATION (City, town, or county) (State) Marshfield, Missouri

24. FUNERAL DIRECTOR J.W.Klingner & Co. ADDRESS Spfld, Mo.
25. DATE RECD. BY LOCAL REG. 6-5-59
26. REGISTRAR'S SIGNATURE Effie G. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.