

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029681

STATE FILE NUMBER

FILED VS AUG 25 1959

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 75

S. 300
v. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lewistown</u>		c. CITY OR TOWN <u>Gibbs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Prairie View Rest</u>		d. STREET ADDRESS (If outside, give location) <u>6 mo</u>	
3. NAME OF DECEASED (Type or print) <u>Home</u> Middle Last <u>MARGARET ANN BROOKHART</u>		4. DATE OF DEATH Month Day Year <u>Aug 14 1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>14 Aug 1875</u>
9. AGE (In years last birthday) <u>84</u>		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) <u>homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Winchester, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Gobbin</u>	
13b. MOTHER'S MAIDEN NAME <u>Prudence (unk)</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Edward Brookhart</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>William Brookhart</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>Diabetic Coma -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days -</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) <u>Cerebro Vascular Accident 2 yrs. ago - 260x</u>	
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 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 <u>10 Mar 59</u> to <u>14 Aug 59</u> and last saw ^{her} him alive on <u>13 Aug 59</u> . Death occurred at <u>D.O.A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John W Wilb. D.O.</u>		22b. ADDRESS <u>Lewistown Mo</u>	
22c. DATE SIGNED <u>16 Aug 59.</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>17 Aug '59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Edina, Missouri</u>		24. FUNERAL DIRECTOR <u>A. S. Grimer Edina Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>8-21-'59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	
HUDSON FUNERAL HOME (Licensed Embalmer's Statement on Reverse Side)			

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 *AGRimer*

Licensed Embalmer No. *5041*

P. O. Address *Eliza, 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.