

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-042991

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6082 Registrar's No. 191

ENDED

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arrow Rock</u> " "		c. CITY OR TOWN <u>Union Hill, Missouri</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles n. E. of Hardeman</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Brooks</u>			4. DATE OF DEATH Month Day Year <u>November 19, 1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>9/24/01</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>25</u> Days <u>25</u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Arrow Rock, Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Edward Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Roberta Brooks</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.	17. INFORMANT Address <u>Mrs. Roberta Brooks, Union Hill, Mo.</u>
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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) <u>Skull crushed Accident -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Falling tree,</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. <u>11/19/59</u> Month, Day, Year
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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.) <u>on farm</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from made investigation Nov. 19, 1959 and last saw her alive on 9 and Death occurred at 9 and on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>P.L. Sawless M.D. Coroner Saline Co</u>	22b. ADDRESS <u>Marshall Mo</u>	22c. DATE SIGNED <u>11-20-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/22/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Union Hill, Mo. Saline, County</u>
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24. GENERAL DIRECTOR ADDRESS <u>George H. Green, Marshall, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Carl G. Reed</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS DEC 1 1969

NS SEP 28 1969

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 George H. Green
Licensed Embalmer No. 4226
P. O. Address Marshall

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.