URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

-60-000721
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 5

NDED

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Smithville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Georgia Middle E. Last Brooks
4. DATE OF DEATH Month Jan. Day 7, Year 1960
5. SEX Fe
6. COLOR OR RACE Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-2-84
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Treasurer
10b. KIND OF BUSINESS OR INDUSTRY Clay County
11. BIRTHPLACE (City and state or country) Clinton Co, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J. N. Hulse
13b. MOTHER'S MAIDEN NAME Sally Barnard
14. NAME OF HUSBAND OR WIFE Walter M. Brooks
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. 497-36-2405
17. INFORMANT Walter M. Brooks Address Smithville, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease — 10 yrs
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. ☐ Yes ☐ No ☐ Unknown

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 July 1955, to JAN 7, 1960 and last saw her/him alive on JAN 7, 1960
Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R Chiles M.D.
22b. ADDRESS Smithville, Mo
22c. DATE SIGNED 1-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-9-60
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State) Smithville, Missouri

24. FUNERAL DIRECTOR McComas Funeral Home ADDRESS Smithville, Mo.
25. DATE RECD. BY LOCAL REG. 1-9-60
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JUN 2 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald W. Hanks

Signature of Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.