

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007673

FILED VS MAR 9 1960

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Livonia		Length of stay in 1b 4 Months	c. CITY OR TOWN Arbela Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Lisander Adolphus Brookhart			4. DATE OF DEATH Month Day Year Feb. 25, 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/20/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Samuel Brookhart		13b. MOTHER'S MAIDEN NAME Margaret Barrows		14. NAME OF HUSBAND OR WIFE Lula Brookhart		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Lula Brookhart, Arbela, Mo.			

18. CAUSE OF DEATH (Enter only one code line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic degenerative DUE TO (b) arteriosclerosis of hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 year 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral hemorrhage 1 year ago		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Dec 11-59 to Feb 25-60 and last saw him alive on Feb 25-60
Death occurred at 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Of decedent or title) Chas R. Gould		22b. ADDRESS Unionville Mo 2-26-60		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/1/1960	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	23d. LOCATION (City, town, or county) (State) Arbela, Missouri	
24. FUNERAL DIRECTOR ADDRESS Gerth + Bassett Memphis, Mo.		25. DATE RECD. BY LOCAL REG. 3-7-1960	26. REGISTRAR'S SIGNATURE Marvell Durbin	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed George Geth

Licensed Embalmer No. 5091

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.