

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020070

FILED VS MAY 25 1960 206

Registration District No. 206 Primary Registration District No. 5744 Registrar's No. 805

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Madison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Castor Township</b>		Length of stay in 1b <b>48 yrs.</b>		c. CITY OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 1, Fredericktown</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 1</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Evelyn</b> Last <b>Brookes</b>				4. DATE OF DEATH Month <b>May</b> Day <b>12</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/4/1911</b>	9. AGE (last birthday) <b>48</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Madison Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Enoch Hahs</b>			13b. MOTHER'S MAIDEN NAME <b>Retta Brown</b>			14. NAME OF HUSBAND OR WIFE <b>Arland Brookes</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-30-1159</b>		17. INFORMANT Address <b>Mo.</b> <b>Arland Brookes, Fredericktown,</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma Left Arm, ETC;</b> DUE TO (b) <b>Primary site unknown.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <b>Jan 11, 1960</b> to <b>May 12, '60</b> and last saw her <sup>her</sup> alive on <b>Jan 22 1960</b> Death occurred at <b>9:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Charles E. Michaelis M.D.</b>				22b. ADDRESS <b>135 S. Mine La Motte Fredericktown Missouri</b>		22c. DATE SIGNED <b>May 17, '60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/15/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Higdon Christian Cem.</b>		23d. LOCATION (City, town, or county) <b>Madison Co., Mo.</b>		(State)		
24. FUNERAL DIRECTOR ADDRESS <b>Najim Funeral Home Fredericktown, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5-17-1960</b>		26. REGISTRAR'S SIGNATURE <b>Lawrence Sicker</b>			

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 Charles McEnty

Licensed Embalmer No. 4852

P. O. Address Frederickton

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