

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020160

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 92

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAY 31 1961

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri Length of stay in 1b 1 Year
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada, Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Vernon
 c. CITY OR TOWN Nevada, Missouri Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 125 West Austin Street Reside on Farm No

3. NAME OF DECEASED (Type or print) First Middle Last Stella Mae Brook
 4. DATE OF DEATH Month Day Year May 24 1961
 5. SEX Female
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 4-9-1885
 9. AGE (last birthday) 76 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Walker, Missouri
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Sanford J. Preston
 13b. MOTHER'S MAIDEN NAME Minnie Bell
 14. NAME OF HUSBAND OR WIFE Deceased
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none
 16. SOCIAL SECURITY NO. unknown
 17. INFORMANT Address R.F.D. Mrs. Joe Westerhold, Walker, 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 occlusion with hypercardial infarction
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebrovascular accident (embolus?)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 18 days

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 Sept 28, 1960 to May 24 '61 and last saw her live on May 24 '61
 Death occurred at 1:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray W. Pearson, M.D. 22b. ADDRESS Moore Bldg. Nevada, Mo. 22c. DATE SIGNED 5/24/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 26-61 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 23d. LOCATION (City, town, or county) Nevada, Vernon Missouri

24. FUNERAL DIRECTOR ADDRESS Hays Funeral Service, Inc. 25. DATE RECD. BY LOCAL REG. 5-25-1961 26. REGISTRAR'S SIGNATURE Anna E. Perry

Nevada, Missouri

(Licensed Embalmer's Statement on Reverse Side)

1951 JUN 24

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

Richard L. Giffin

Licensed Embalmer No.

5053

P. O. Address

17 West, 16

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.