MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030804
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 115

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED AUG 20 1962

1. PLACE OF DEATH
a. COUNTY IRON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRONTON
Length of stay in 1b 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY IRON
c. CITY OR TOWN DES ARC
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last BROOKS
4. DATE OF DEATH Month AUG Day 5 Year 1962
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/12/1877
9. AGE (last birthday) 84
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) TIMBER
10b. KIND OF BUSINESS OR INDUSTRY HANDLE
11. BIRTHPLACE (City and state or country) PIEDMONT
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME DAVID ALEXANDER BROOKS
13b. MOTHER'S MAIDEN NAME CAROLYN LATHAM
14. NAME OF HUSBAND OR WIFE DORA BROOKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT DORA BROOKS Address DES ARC, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia Lobar — INTERVAL BETWEEN ONSET AND DEATH 5 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Lymphatic Leukemia — ?
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 4-5-58 to 8-5-62 and last saw ~~her~~ him alive on 8-5-62
Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Ralph Mc Kay (Degree or title)
22b. ADDRESS Ironton Mo.
22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-8-1962
23c. NAME OF CEMETERY OR CREMATORY DES ARC
23d. LOCATION (City, town, or county) DES ARC (State) Mo.
24. FUNERAL DIRECTOR GISH ADDRESS PIEDMONT, Mo
25. DATE RECD. BY LOCAL REG. 8-6-62
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0470		
2	0470		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	204.0		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

Permit obtained 8-6-62

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 Me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Belmont, Me.

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.