

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43417

BIRTH NO.		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 85			
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Warrenton		c. LENGTH OF STAY (in this place) 1 Week		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Wright City		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial				d. STREET ADDRESS (If rural, give location) 1621					
3. NAME OF DECEASED (Type or Print) a. (First) Arlington		b. (Middle) Rand		c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) Dec 27 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH April 20 1867			
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John C Brooks			13b. MOTHER'S MAIDEN NAME Elizabeth F Rand			14. NAME OF HUSBAND OR WIFE			
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'S SIGNATURE OR NAME Rand Brooks			ADDRESS Culver City California	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive heart failure.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Hypertensive cardiac vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days when when		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12-19-1950, to 12-27-1950, that I last saw the deceased alive on 12-27, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Harold Holcher MD</i>				23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 12-28-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 29 1950		24c. NAME OF CEMETERY OR CREMATORY. Oak Wood Cemetery		24d. LOCATION (City, town, or county) (State) Mount Vernon Ill.			
DATE REC'D BY LOCAL REG. 12-28-50		REGISTRAR'S SIGNATURE <i>Floyd Logan</i> 421		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co Wright City, Mo					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 9 1951

RECEIVED

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, *of* _____

working under my personal supervision.

Student Embalmer No.

Signed *Julius J. Nieburg* _____

Signed.....

Student Embalmer

Licensed Embalmer No. *3366* _____

P. O. Address *Wright City, Mo.* _____

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 licensè.)

If this body is not embalmed, fact should be so stated above.