

No. 300
10-48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12343

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Pravere, Rural</u>	c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	c. CITY OR TOWN <u>Stanzas City</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>		e. STREET ADDRESS (If rural, give location) <u>Lee Summit Rd. 700</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) _____ c. (Last) <u>BROOKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-25-1954</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept. 14, 1898</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life when if retired) <u>Sanitar.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Salina Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.a.</u>			

13a. FATHER'S NAME <u>Dout. Know</u>	13b. MOTHER'S MAIDEN NAME <u>Dout. Know</u>	14. NAME OF HUSBAND OR WIFE _____
--------------------------------------	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record Book of C. Home Ind. Mo.</u> ADDRESS _____
--	-------------------------------------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Large Red Sores</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60-70 hrs</u> <u>Months</u> <u>Several</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Contiguous Urination</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Syphilis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>715 X B</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Mar 17, 1954 to Apr 25, 1954 that I last saw the deceased alive on 4/25, 1954, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. H. Griffin M.D.</u>	23b. ADDRESS <u>R. # 4 Independence Mo.</u>	23c. DATE SIGNED <u>4/25/54</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REGISTRY <u>4-26-54</u>	REGISTRAR'S SIGNATURE <u>N. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u> ADDRESS <u>H. C. MO</u>
---	---	---

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

2000

JUN 14 1954

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 *John P. Sidman*
Licensed Embalmer No. 45
P. O. Address Kansas

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.