

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18546**
2214

FILED JUN 16 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 6 MONTHS	c. CITY OR TOWN GRANDVIEW
d. FULL NAME OF HOSPITAL OR INSTITUTION KEARSEARCH Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) FANNIE b. (Middle) F. c. (Last) Beaks		4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1955	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 14, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State, or Foreign Country) TEMPLE, TEXAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME MARTIN FERGUS	13b. MOTHER'S MAIDEN NAME MARGARET BLAIR	14. NAME OF HUSBAND OR WIFE LON A. BROOKS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. C. H. REES ADDRESS 1407HS. ST. 71 HIGHWAY GRANDVIEW MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 19 hours. years. 6 years. 1947
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebellar Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Carcinoma of Uterus with metastasis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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 **22 May, 1955**, to **23 May, 1955**, that I last saw the deceased alive on **22 May, 1955**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wallace H. Graham (Degree or title) M.D.	23b. ADDRESS 518 Argyle	23c. DATE SIGNED 23 May 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 24 1955	24c. NAME OF CEMETERY OR CREMATORY KILLEEN CEMETERY	24d. LOCATION (City, town, or county) (State) KILLEEN TEXAS
DATE REC'D BY LOCAL REG. 5-23-55	REGISTRAR'S SIGNATURE newa minshall	25. FUNERAL DIRECTOR'S SIGNATURE 1331 Brook Creek KC Mo.	

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

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 *Albert J. Savage*

Licensed Embalmer No. *481*

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.