

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33119

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4285

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson CARROLL					
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Carrollton, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General No. 2				e. STREET ADDRESS (If rural, give location) 606 South Virginia					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Elmer		c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) Oct 5, 1955		
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 10, 1885		9. AGE (In years last birthday) 60	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, even if retired) Tavern owner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fairview, Kansas			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stevling Brooks			13b. MOTHER'S MAIDEN NAME Minnie Yaunt		14. NAME OF HUSBAND OR WIFE Opal Brooks				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Wood Fairview, Kansas					
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.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of chest and abdomen with penetration of liver and gall bladder				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary congestion and atelectasis;					
				DUE TO (c) Cirrhosis of liver and fatty metamorphosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Recent exploratory laporotomy and thoracotomy; Right nephrectomy and				egst	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION splenectomy.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Carrollton, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton, CARROLL, Missouri					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-1-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fight with another man.					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE L.M. Tillman M.D. (Degree or title)				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 10/6/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City Mo.				
DATE REC'D BY LOCAL REG. 10-6-55		REGISTRAR'S SIGNATURE Neve Minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bass, The Bone K.C., Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L.M. Tillman, M.D. Deputy Coroner

DEC 9

1958

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

Licensed Embalmer No.

P. O. Address

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.