

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4641**  
Registrar's No. **554**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY, MO.</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. In 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 <b>MEMORAH MEDICAL CENTER.</b>				5. STREET ADDRESS (If rural, give location) <b>3547 INDIANA AVENUE</b>				<b>3570</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HELEN</b>			b. (Middle) <b>BERTHA</b>			c. (Last) <b>BROOKS</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>2 4 56</b>			5. SEX <b>F.</b>			6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Aug 29, 1894</b>			9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>INDEPENDENCE, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JESSUP OWSELEY</b>			13b. MOTHER'S MAIDEN NAME <b>BERTHA WORNKIN</b>			14. NAME OF HUSBAND OR WIFE <b>O. V. BROOKS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>K.C. MO.</b> ADDRESS <b>MR. O. V. BROOKS 3547 INDIANA</b>				
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>						<b>1 year</b>	
		DUE TO (c) <b>Diabetes Mellitus</b>						<b>10 yrs.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid Arthritis</b>						<b>100x</b>	
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)					
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 <b>1/31</b> , 19 <b>56</b> , to <b>2/4</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>2/4</b> , 19 <b>56</b> , and that death occurred at <b>4:25 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Paul Moss</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>406 Belmont Bldg.</b>		23c. DATE SIGNED <b>2/4/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 7, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>2-7-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMERS SONS</b>		ADDRESS <b>1361-BRUSH CREEK KANSAS CITY, MO</b>			

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

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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.....  
*Jess T. Dewar*

Licensed Embalmer No. *443*

P. O. Address.....  
*Hamm*

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.