

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9004
1172

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 Kansas				b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 3 weeks		c. CITY OR TOWN Mission		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 St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 4701 West 66th				81808	
3. NAME OF DECEASED (Type or Print) WALTER			a. (First)		b. (Middle) T.		c. (Last) BROOKS		
4. DATE OF DEATH March 14, 1956		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 27, 1875		9. AGE (In years last birthday) 80	
5. SEX male		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Official		10b. KIND OF BUSINESS OR INDUSTRY Water Co.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles N. Brooks			13b. MOTHER'S MAIDEN NAME Annie Updegraff		14. NAME OF HUSBAND OR WIFE Ethel West Brooks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-10-2661		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Brooks, 4701 W. 66, Mission, Ks.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 8 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Carcinoma of the Cecum		DUE TO (c) After chronic pneumonia		Infant 153 X Ind	
19a. DATE OF OPERATION 3/7/56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Cecum.						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 January 16, 1956 , to March 14, 1956 , that I last saw the deceased alive on March 14, 1956 , and that death occurred at 10 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Arnold V. Arms				23b. ADDRESS 46-35th Independence K City Mo		23c. DATE SIGNED 3/15/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 3-16-56		REGISTRAR'S SIGNATURE Neal Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

Arson, Dodge, Robinson
4635 Wyandotte
Je 1-0552

Exp 8:03

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 *E. D. Triplett*

Licensed Embalmer No. 481

P. O. Address *San Jose, Ca*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.