

Health,
Welfare
Public
Service

300
-56

Use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. A. Lieberman, Jr.
MEDICAL CERTIFICATION

FILED JAN 14 1957.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **41373**
REGISTRAR'S NO. **5406**

Registration District No. **149** Primary Registration District No. **1002**

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY KANSAS CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		Length of stay in lb 68 yrs	d. STREET ADDRESS 5412 S. Benton
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) MAGGIE BROOKS			4. DATE OF DEATH DECEMBER 12, 1956			
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 31, 1888		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 68 yrs.		
13. FATHER'S NAME JACK LONG		14. MOTHER'S MAIDEN NAME MALINDA DIVENS		11. BIRTHPLACE (City and state or country) MISSOURI		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		12. CITIZEN OF WHAT COUNTRY U. S.		
		17. INFORMANT Everett Brooks		Address 5412 S. Benton KCMO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] --PART I. DEATH WAS CAUSED BY-- IMMEDIATE CAUSE (a) Coronary vascular accident - thrombosis, left		INTERVAL BETWEEN ONSET AND DEATH 1 month	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension and arteriosclerosis cardiac vascular disease years	
		DUE TO (c) Diabetes mellitus and diffuse glomerulonephritis years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 2:00 Month Dec Day 12 Year 1956 a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from November 15, 1956 and last saw her alive on 12 Dec 1956 Death occurred at 9:28 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. A. Lieberman, Jr. (Degree or title) MD		22b. ADDRESS 1103 Grand Ave.		22c. DATE SIGNED 13 Dec 56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/1956		23c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEMETERY	
24. FUNERAL DIRECTOR W. C. Davis		ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 12-14-56	
		26. REGISTRAR'S SIGNATURE never minshall			

(Licensed Embalmer's Statement on Reverse Side)

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 *Landis H. Jacks*

Licensed Embalmer No. *48*

P. O. Address *200*

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