

STANDARD CERTIFICATE OF DEATH

44255-
STATE FILE NUMBER
6028

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 6028

S. 300
v. 1-57

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in hospital 1 Mo.	d. STREET ADDRESS (If outside, give location) 5925 Troost
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First Dewey	Middle A.	Last Brooks	4. DATE OF DEATH	Month 12	Day 18	Year 1957
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5. SEX MALE	6. COLOR OR RACE CAUC	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH FEB. 3, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 9	Hours 59	Min. 59
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK.	10b. KIND OF BUSINESS OR INDUSTRY RESTURANT	11. BIRTHPLACE (City and state or country) MONTGOMERY Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES BROOKS	13b. MOTHER'S MAIDEN NAME LAURA BURKS	14. NAME OF HUSBAND OR WIFE NONE.
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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. 499-16-2493	17. INFORMANT MRS. W. SHEEHAN	Address 5929 TROOST.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Antero septal myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. 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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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **Dec. 4, 1957** to **Dec. 18, 1957** and last saw ^{him} alive on **Dec. 18, 1957**
Death occurred at **6:34 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D.	(Degree or title) D	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 12-19-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR MUEHLEBACH FUNERAL HOME	ADDRESS 8700 TROOST	25. DATE RECD. BY LOCAL REG. 12-20-57	26. REGISTRAR'S SIGNATURE Neve Minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *R. E. Nichols*

Licensed Embalmer No. *4997*
P. O. Address *K. C. Ma*

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.