

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018044

STATE FILE NUMBER

2368

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2368

300
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) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood N.H | | Length of stay in 1b 30 Yrs. | d. STREET ADDRESS (If outside, give location) 4400 Benton Blvd | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MAUDE Middle M Last BROOKS | | | 4. DATE OF DEATH Month 5 Day 8 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 20 1881 | | 9. AGE (In years last birthday) 77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and state or country) Sugar Lake Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Clyde G Brooks | | 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. NONE | |
| 17. INFORMANT Clyde G. Brooks | | Address 4400 Benton Blvd. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis | | | | | 4 yrs |
| DUE TO (c) | | | | | 4500 |
| 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 type="checkbox"/> NO <input checked="" 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.) | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 | |
| 21. I attended the deceased from <u>1-1-58</u> to <u>5-8-58</u> and last saw her alive on <u>5-8-58</u> Death occurred at <u>3:35 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Paul Laureanza M.D.</i> | | | 22b. ADDRESS 428 S White Ave | | 22c. DATE SIGNED 5-8-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 5-11-1958 | | 23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Buchanan, Missouri | | | | | |
| 24. FUNERAL DIRECTOR FLORAL HILLS MEM. CHAPELS K.C.M. | | | 25. DATE RECD. BY LOCAL REG. 5-10-58 | | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> |

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Frank Paul Laureanza

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. C. Mofsinger*
Licensed Embalmer No. *3938*
P. O. Address *R. C. Mo*

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.