

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009297

STATE FILE NUMBER
1441

FILED APR 2 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
L. E. Riller

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 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 Kelly Convalescent		Length of stay in lb Years	d. STREET ADDRESS 1606 Penn (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle BROOKSBANK Last BROOKSBANK			4. DATE OF DEATH Month March Day 19 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 29 1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 4 Days 29	IF UNDER 24 HRS Hours 29 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Glascow Scotland
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME No Record	
13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Cornelia Brooksbank	
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. 486-03-2045	
17. INFORMANT Mrs Etta Kelly		Address 4123 Independence Ave KG Mo	
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 thrombosis (occlusion) DUE TO (b) Senile DUE TO (c) 4231 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 20-30 min
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 9 Month, Day, Year 7/29/55 a.m. Pm p.m.		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 K. C., Mo. COUNTY STATE	
21. I attended the deceased from 7/29/55 to 3/19/59 and last saw ^{her} _{him} alive on 3-9-59 Death occurred at 9 Pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. E. Riller, MD (Degree or title)		22b. ADDRESS K. C., Mo.	
22c. DATE SIGNED 3-19-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 3/20/59		23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	
23d. LOCATION (City, town, or county) Kansas City Kansas (State)		24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo ADDRESS	
25. DATE RECD. BY LOCAL REG. 3-19-59		26. REGISTRAR'S SIGNATURE Irene Minshall	

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 *Richard E. Carroll*

Licensed Embalmer No. *4829*
P. O. Address *K. C. ...*

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.