

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38967

FILED DEC 2 - 1953

5457

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5457</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 Yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>Conley Maternity Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1100 East 9 St.</u> <u>3158</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>		b. (Middle) <u>Rilda</u>		c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 27 1914</u>			
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 60 MIN. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Edgar Hemphill</u>		13b. MOTHER'S MAIDEN NAME <u>Kattie Prince</u>		14. NAME OF HUSBAND OR WIFE <u>Louie M. Brooks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>511-10-3079</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louie M. Brooks</u>			ADDRESS <u>1100 East 9 St. K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial hemorrhage</u>		ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral vascular accident</u>							
		DUE TO (c) <u>acute hypertension</u>							
II. OTHER SIGNIFICANT CONDITIONS		<u>Pregnancy</u>					<u>331X</u>		
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>7-28</u> , 19 <u>53</u> , to <u>11-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>53</u> and that death occurred at <u>3: P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Luther W. Smith M.D.</u>				23b. ADDRESS <u>2105 Independence Ave</u>		23c. DATE SIGNED <u>11-17-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>11-18-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. August Herrick

Licensed Embalmer No. *35-9*

P. O. Address *J. C. M.*

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.