

FILED NOV 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. **33293**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Harrisonville	c. LENGTH OF STAY (In the place) 1 yr	c. CITY OR TOWN Harrisonville	d. Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS (If none give location) 1001 No Lexington 01910	

3. NAME OF DECEASED (Type or Print) ADDIE	a. (First)	b. (Middle)	c. (Last) ROOKS	4. DATE OF DEATH Month (Day) (Year) Nov 4 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed	8. DATE OF BIRTH July 28 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cass County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Neville Smith	13b. MOTHER'S MAIDEN NAME Annie Robinson	14. NAME OF HUSBAND OR WIFE Romey R R Rooks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Blanche Rooks Stivers, East Troy, Wis.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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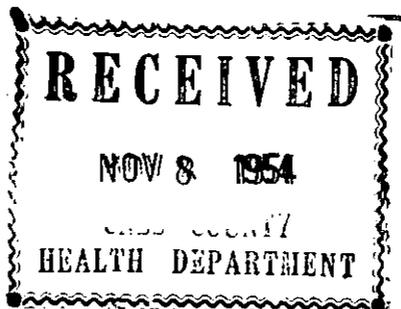
22. I hereby certify that I attended the deceased from **Oct 1**, 1954, to **Nov 4**, 1954, that I last saw the deceased alive on **Nov 4**, 1954, and that death occurred at **6 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. David S. Jones, M.D.	(Degree or title)	23b. ADDRESS 9 Harrisonville, Mo.	23c. DATE SIGNED 11-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 6-1954	24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery	24d. LOCATION (City, town, or county) (State) Harrisonville Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 5, 1954 Dora Barwood	25. FUNERAL DIRECTOR'S SIGNATURE Penningburg's	ADDRESS Harrisonville Mo
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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 *James R. Phillips*.....

Licensed Embalmer No...464...

P. O. Address *Harrisonville*.....

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.