

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11328

| | | | | | | | | | |
|---|-------------------------------|--|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>71</u> | | PRIMARY REG. DIST. NO. <u>3012</u> | | Registrar's No. <u>42</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>60020</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>Excelsior Springs, Mo.</u> | | | c. LENGTH OF STAY (in this place) <u>21 days</u> | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital Excelsior Springs, Missouri</u> | | | | STREET ADDRESS (If rural, give location) <u>514 1/2 Main Street</u> | | <u>3028</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OWEN</u> | | b. (Middle) <u>(IMI)</u> | | c. (Last) <u>BROOKS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1955</u> | | | |
| 5. SEX <u>Male</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>March 5, 1900</u> | | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hour Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County, Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>William J. Brooks</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Emma Wileby</u> | | | 14. NAME OF HUSBAND OR WIFE <u>---</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. (If yes, give date of service) <u>WWII</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital records</u> | | ADDRESS | | | |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia, lower lobes</u> | | | | Myocardial enlargement with insufficiency | | | | <u>Unknown</u> | |
| ANTECEDENT CAUSES | | | | DUE TO (b) <u>Chronic adhesive pericarditis</u> | | | | <u>Unknown</u> | |
| DUE TO (c) <u>Tuberculosis, pulmonary, chronic, far advanced, active.</u> | | | | 2. <u>Atherosclerosis aorta & coronary arteries</u> | | | | <u>2 years Unknown</u> | |
| 19a. DATE OF OPERATION <u>---</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>---</u> | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE... HOMICIDE (Specify) <u>---</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>---</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 11, 1955</u> , to <u>May 1, 1955</u> , that I attended the deceased from and that death occurred at <u>9:41 A m., from the causes and on the date stated above.</u> | | | | | | | | | |
| 23a. SIGNATURE <u>F. J. Mantele, M.D., Acting Pathologist</u> (Degree or title) | | | | 23b. ADDRESS <u>Excelsior Springs, Mo.</u> | | | 23c. DATE SIGNED <u>May 2, 1955</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>May-3-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>COLUMBUS</u> | | 24d. LOCATION (City, town, or county) (State) <u>Georgia</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5/3/55</u> | | REGISTRAR'S SIGNATURE <u>Baroline Hetchings</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>De Moss CRUNK Cameron, Mo</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Leona Brunk*.....

Licensed Embalmer No... 25

P. O. Address *C.M.E.A.D.N.*.....

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.