No. 300
10.48

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40438

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5435

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (in this place): 19 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6030 TRUMAN ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 21 6030 TRUMAN ROAD 3218

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ROWE
c. (Last): BROOKS

4. DATE OF DEATH (Month) (Day) (Year): DEC 13, 1955

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug. 22, 1890
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL Auditor
10b. KIND OF BUSINESS OR INDUSTRY: United GARMENT
11. BIRTHPLACE (City and State or Foreign Country): OSKALOOSA, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: LEANDER BROOKS
13b. MOTHER'S MAIDEN NAME: JENNIE ANDERSON
14. NAME OF HUSBAND OR WIFE: PEARL M. BROOKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: 486-07-3729
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS PEARL M. BROOKS K.C. MO. 6030 TRUMAN RD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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): Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19, 1949 *to* Dec. 13, 1955, *that I last saw the deceased alive on* Dec. 13, 1955, *and that death occurred at* 11:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Stanley Morest MD
23b. ADDRESS: 1000 Ref B. K.C. Mo.
23c. DATE SIGNED: 12/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 17 1955
24c. NAME OF CEMETERY OR CREMATORY: NEW HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): BUTTERFIELD MISSOURI

DATE REC'D BY LOCAL REG.: 12-14-55
REGISTRAR'S SIGNATURE: neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS City, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
F. Stanley Morest

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian Jay Stit

Licensed Embalmer No. 48

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.