

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1956

State File No. **24068**  
Registrar's No. **336**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>		Registrar's No. <b>336</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>INDEPENDENCE</b> )		c. LENGTH OF STAY (in this place) <b>1 year</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. 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 <b>INDEPENDENCE NURSING HOME</b>				e. STREET ADDRESS (If rural, give location) <b>1709 QUINDARO BLVD</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b>		b. (Middle) <b>MARION</b>		c. (Last) <b>BROOKS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 26 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT 9 1895</b>	
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BUS DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC SERVICE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BROWNING, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>MARION BROOKS</b>		13b. MOTHER'S MAIDEN NAME <b>FLORA HARVEY</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA BROOKS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>		16. SOCIAL SECURITY NO. <b>570-05-8634</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. ANNA BROOKS 1709 QUINDARO</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cerebral vasculodementia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post Hemiplegia Paralysis</b> DUE TO (c) <b>arterial hypertension 1 year</b> 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				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) <b>331x</b>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:28 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. W. Hink</b>				23b. ADDRESS <b>10229 Independence Kansas</b>		23c. DATE SIGNED <b>7/26/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-26-56</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>7-26-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newsome 2703 N 10th Kansas City, Kan</b>			

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

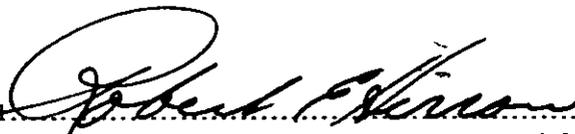
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STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 484.....

P. O. Address K.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.