pt. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36187

FILED NOV 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5009

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1424 Brooklyn — Length of stay in 1b: 8 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 1424 Brooklyn — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First FRANK Middle F. Last TOOKES JR.

4. DATE OF DEATH: Month October Day 24 Year 1957

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH April 4, 1895

9. AGE (In years last birthday) 62 yrs. — 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) Printer

10b. KIND OF BUSINESS OR INDUSTRY Brownie Printing Co.

11. BIRTHPLACE (City and state or country) Atlanta, Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Tookes Sr.

13b. MOTHER'S MAIDEN NAME Fannie Wilkins

14. NAME OF HUSBAND OR WIFE Claydia Tookes

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. 495-38-5238

17. INFORMANT Claydia Tookes, 1424 Brooklyn Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (b) High Blood Pressure — INTERVAL BETWEEN ONSET AND DEATH: Dont Know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (c) Glomerulo Nephritis — Dont Know
DUE TO (c) (a) Cerebral apoplexy — Dont Know
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 593+

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 23, 1957, to Oct. 24, 1957 and last saw ~~her~~ him alive on Oct. 24, 1957. Death occurred at 4:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Lewis, M.D. (Degree or title) O

22b. ADDRESS 210 Lincoln Bldg

22c. DATE SIGNED 10-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-28-57

23c. NAME OF CEMETERY OR CREMATORY Highland

23d. LOCATION (City, town, or county) Kans. City, Mo. (State)

24. FUNERAL DIRECTOR Watkins Brothers Funeral Home ADDRESS 18th & Benton

25. DATE RECD. BY LOCAL REG. 10-28-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

M.C. Lewis

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 ..... Signed Bruce R. Watkins
Signature of Student Embalmer

Licensed Embalmer No. 45
P. O. Address 18th & Be

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.