

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

1166
STATE FILE NUMBER
99

Registration District No. 149 Primary Registration District No. 1002

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 1212 LINWOOD BLVD	
Length of stay in lb 15 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND WENTWORTH BROOKS			4. DATE OF DEATH Month Day Year JAN. 7. 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 30. 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER - CIVIL		10b. KIND OF BUSINESS OR INDUSTRY BLACK VEATCH ENGINEERS - NEW JERSEY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN P. BROOKS		13b. MOTHER'S MAIDEN NAME ELIZABETH M. PERKINS		14. NAME OF HUSBAND OR WIFE MRS. NETTIE H. BROOKS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-20-0839		17. INFORMANT Mrs. NETTIE H. BROOKS Address 1212 LINWOOD BLVD KANSAS CITY, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Right Lung Primary</i>		INTERVAL BETWEEN ONSET AND DEATH <i>over 6 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>Dec 15, 1946</i> to <i>Jan 7, 1958</i> and last saw <i>him</i> alive on <i>Jan 6, 1958</i> ✓ Death occurred at <i>6:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Martin P. Hunter M.D.</i>	22b. ADDRESS <i>1408 Waldheim Bldg</i>	22c. DATE SIGNED <i>1/7/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>JAN. 8. 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>GREENWOOD CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>ELLIOTT MAINE</i>
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i> ADDRESS <i>1331 BRUSH CREEK KANSAS CITY, MO.</i>	25. DATE RECD. BY LOCAL REG. <i>1-8-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Martin P. Hunter

NOV 10 1958

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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 *Thomas W. Pearson*

Licensed Embalmer No. *4889*

P. O. Address *213 No.*

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.