

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018287

D VS JUN 13 1960

STATE FILE NUMBER

Registration District No. 5063 Primary Registration District No. 5065 Registrar's No. 13

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Barton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Barton</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ozark Township</b>		Length of stay in 1b <b>65 years</b>		c. CITY OR TOWN <b>Liberal, R.R.#1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Mailing Address Mulberry R.R. #1, Kansas</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Raymond</b> Middle <b>Uewey</b> Last <b>Brooks</b>				4. DATE OF DEATH Month <b>5</b> Day <b>26</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>March 21, 1899</b>		9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mining</b>		11. BIRTHPLACE (City and state or country) <b>Texas Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
13a. FATHER'S NAME <b>Selis T. Brooks</b>				13b. MOTHER'S MAIDEN NAME <b>Alice. A. Smith</b>				14. NAME OF HUSBAND OR WIFE <b>Gladys Smotherman 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</b>				16. SOCIAL SECURITY NO. <b>500-09-4326</b>		17. INFORMANT Address <b>Gladys Brooks-wife-Liberal, Mo.</b>							
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>Acute Circulatory Failure</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Thrombotic Encephalomalacia 3 days</b>			
										DUE TO (c) <b>Rheumatoid Arthritis &amp; Endocarditis 5 yrs.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypostatic pneumonia after 2 years recumbency.</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 <b>JUNE 18, 1947</b> to <b>May 26, 60</b> and last saw him alive on <b>May 26, 1960</b> Death occurred at <b>10:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>M. H. Kneeland, D.O.</b>						22b. ADDRESS <b>Liberal, Missouri</b>			22c. DATE SIGNED <b>5/27/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 25, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Cemetery</b>		23d. LOCATION (City, town, or county) <b>Liberal R.R.</b>		23e. STATE <b>Mo.</b>					
24. FUNERAL DIRECTOR <b>Melba J. Mentz</b>				25. DATE RECD. BY LOCAL REG. <b>June 7, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Self, Student Embalmer No.           
working under my personal supervision.

Student           
Signature of Student Embalmer

Signed Edward J. Gunn

Licensed Embalmer No. 3256-

P. O. Address Pellisbury

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.