

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025057

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3464 STATE FILE NUMBER

FILED JUL 28 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 6 mos.	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION NEUROLOGICAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1514 SO. MAYWOOD AVE.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last G. GORDON BROOKS	4. DATE OF DEATH Month Day Year JULY 10, 1961
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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 10-16-1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURER REP. AUTOMOTIVE	10b. KIND OF BUSINESS OR INDUSTRY GORDON BROOKS CO.	11. BIRTHPLACE (City and state or country) MOLINE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME GLENN E. BROOKS	13b. MOTHER'S MAIDEN NAME MARY L. ROWE	14. NAME OF HUSBAND OR WIFE DARLENE A. BROOKS
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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. UNKNOWN	17. INFORMANT Address G. ARNOLD BROOKS, 9601 ROE BLVD. OVERLAND PARK
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Carcinoma of left lung</i>		<i>+ 8 Mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Metastatic carcinoma of the brain</i>	<i>+ 8 Mo.</i>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic brain syndrome assoc. with metast. carcinoma of the brain</i>	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
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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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	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
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21. I attended the deceased from <i>2-2-61</i> to <i>7-10-61</i> and last saw him alive on <i>7-10-61</i> Death occurred at <i>9:35 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Louise Loewy M.D.</i>	22b. ADDRESS <i>2625 W. Paseo</i>	22c. DATE SIGNED <i>7-11-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-13-61	23c. NAME OF CEMETERY OR CREMATORY YORKTOWN CEMETERY	23d. LOCATION (City, town, or county) (State) YORKTOWN, ILLINOIS
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24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG. 7-11-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 LOUISE LOEWY
 SHOULD READ
 BY AFFIDAVIT OF

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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address K. E. Mo

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.