

FILED APR 6 1949 STANDARD CERTIFICATE OF DEATH

State File No.

8324
1179

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| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>61 YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 13-1949</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1634 WEST 51ST STREET</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1634 WEST 51ST STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAYTON</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>COOK</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 13-1949</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>FEB. 6-1864</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 10 YRS. OWNER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GLEN SPRINGS CREAMERY</u> | | 11. BIRTHPLACE (State or foreign country) <u>OHIO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>THOMAS S. COOK</u> | | 13b. MOTHER'S MAIDEN NAME <u>ESTHER</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE COOK</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Josephine Cook - 1634 W. 51ST. K.C., MO.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | |
| 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 <u>7-16</u> , 19 <u>49</u> , to <u>3-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-13</u> , 1949, and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Harvey L. Lloyd</u> (Degree or title) <u>Harvey L. Lloyd, M.D.</u> | | | | 23b. ADDRESS <u>6158 Belvidere Rd., Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>3-14-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAR-15-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>M.T. MORRIS CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>3-15-49</u> | | REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Thompson's Sons, Kansas City, Mo.</u> | | | |

(Licensed Embalmers' Statement on Reverse Side)

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

5128 Columbia Road
1-5

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 _____

DOYLE W. DANIEL Student Embalmer No. 248
working under my personal supervision.

Signed Doyle W. Daniel
Student Embalmer

Signed Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K.C. 4 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 this body is not embalmed, fact should be so stated above.