

FILED JUN 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 19485
2350

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN KANSAS CITY 304AS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 8448	
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 WEST 63RD STREET		d. STREET ADDRESS (If rural, give location) 408 W. 63RD STREET	

3. NAME OF DECEASED (Type or Print) MRS. MARGARET DUNLAP COOPER			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 2 1868	9. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) RICHMOND, KENTUCKY U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William P. Phelps	13b. MOTHER'S MAIDEN NAME MARY BLANTON	14. NAME OF HUSBAND OR WIFE ALFRED COOPER
--------------------------------------	--	---

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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BERT STEEPER, 408 W. 63, K.C., Mo.
---	------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>4500</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No Post-Mortem</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE Hugh E. Owens MD (Degree or title)	23b. ADDRESS 1034 Pickin Blvd	23c. DATE SIGNED 5 30 49
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-31-49	24c. NAME OF CEMETERY OR CREMATORY MI. MARIAN CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1334 SAUSG CREEK H.C., Mo.	
DATE REC'D BY LOCAL REG. 5-31-49	REGISTRAR'S SIGNATURE <u>Geraldine Halstead</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 4 Mos

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.