

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4801

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 468

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (In this place) 50 YEARS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2313 EAST-60TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2808
d. STREET ADDRESS (If rural, give location) 2313 EAST-60TH STREET

3. NAME OF DECEASED (Type of Print)
a. (First) NORVILLE b. (Middle) WILLIAM c. (Last) COOK
4. DATE OF DEATH (Month) (Day) (Year) JAN. 30. 1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT. 4. 1899 9. AGE (In years last birthday) 50 YEARS If UNDER 1 YEAR Months Days If UNDER 4 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TECHNICIAN 10b. KIND OF BUSINESS OR INDUSTRY ASSOCIATED PRESS 11. BIRTHPLACE (State or foreign country) KANSAS CITY KANSAS 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WILLIAM COOK 13b. MOTHER'S MAIDEN NAME MARGARET 14. NAME OF HUSBAND OR WIFE MRS. JEANNETTE COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I 16. SOCIAL SECURITY NO. 486-09-749 17. INFORMANT'S SIGNATURE OR NAME MRS. JEANNETTE COOK ADDRESS 2313 EAST-60TH ST. KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension 3 years
DUE TO (c) 331X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hypertensive Heart Disease 1 year

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-12, 1949, to 1-30, 1950, that I last saw the deceased alive on June 20, 1949, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title) M.D. 23b. ADDRESS 1290 Professional Bldg 23c. DATE SIGNED Jan 31-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-2-50 24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 2-1-50 REGISTRAR'S SIGNATURE Seraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE M. W. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Doyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address FCMO

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.