No. 300
10-48

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40640

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4986

0

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 57 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 253
d. STREET ADDRESS (If rural, give location): 1301 EAST ARMOUR BLVD

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): CHRISMAN
c. (Last): COOPER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 24 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: AUG. 7 1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: CITY ASSESSORS OFFICE CLOTHING
11. BIRTHPLACE (State or foreign country): WAVERLY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: LEE COOPER
13b. MOTHER'S MAIDEN NAME: VIRGINIA CHRISMAN
14. NAME OF ~~HUSBAND OR~~ WIFE: R. E. BERRYHILL COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 569-09-7978
17. INFORMANT'S SIGNATURE OR NAME: MRS. R. E. BERRYHILL COOPER — ADDRESS: 1301 EAST ARMOUR KANSAS CITY, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4201

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) m.
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* Nov. 12, 1945, *to* Nov. 24, 1950, *that I last saw the deceased alive on* Nov. 24, 1950, *and that death occurred at* 10:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE H. P. Boughnou (Degree or title): H. P. Boughnou MD M.S.O.
23b. ADDRESS: 315 Nichols Rd., Kansas City, Mo.
23c. DATE SIGNED: 11/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL II
24b. DATE: NOV 27 1950
24c. NAME OF CEMETERY OR ~~CREMATORY~~: SAVANNAH CEMETERY
24d. LOCATION (City, town, or county) (State): SAVANNAH, MISSOURI

DATE REC'D BY LOCAL REG.: 11-27-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

CA

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. 394

Signed Robert C. Hanson
Student Embalmer

Signed John E. Frahing

Licensed Embalmer No. 4483

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.