

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16739**
2097
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

| | | | |
|---|-------------------------------|---|---|
| 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) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (in this place) 4 yrs. | | d. STREET ADDRESS (If rural, give location) 2008 East 7th Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2008 East 7th Street | | | |
| 3. NAME OF DECEASED a. (First) Genevieve | | b. (Middle) B. | |
| c. (Last) PARKER | | 4. DATE OF DEATH (Month) (Day) (Year) May 12, 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 7-26-96 |
| 9. AGE (In years last birthday) 54 | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Mary's, Kansas |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John A. Cooper | | 13b. MOTHER'S MAIDEN NAME Margaret M. Burke | |
| 14. NAME OF HUSBAND OR WIFE Albert Parker | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | |
| 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Fred A. Cooper | |
| 18. ADDRESS 3817 E. 9th Terr., KC, 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) <i>Myocardial infarction from congestive heart failure</i> ANTECEDENT CAUSES (b) <i>various</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <i>Coronary Artery Disease</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 5810 | |
| 21a. ACCIDENT (Specify) None | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23. SIGNATURE Hugh H. Owens | | 23b. ADDRESS 1034 1/2 1st St. S.W. | |
| 23c. DATE SIGNED 5-7-51 | | 23d. NAME OF CEMETERY OR CREMATORY Mt. Olivet | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 15, 1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 5-16-51 | | REGISTRAR'S SIGNATURE Seraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar | | ADDRESS Kansas City, Mo. | |

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Max J. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address *K. C. 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.