

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4913  
921

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY OR TOWN <u>Kansas City</u>  |  | c. CITY OR TOWN <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (In this place) <u>50 yrs.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>5012 Summit</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5012 Summit</u>  |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>THORNTON</u><br>(Type or Print)  |  | b. (Middle) _____ c. (Last) <u>COOKE</u>   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>2 25 1952</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>Dec. 22, 1873</u>   |  | 9. AGE (In years last birthday) <u>78</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Sidney G. Cooke</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Helen Thornton</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs. Emily Cooke</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>499-160848</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Sidney M. Cooke, 6 East 57th Street</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |  |  |
| MEDICAL CERTIFICATION   |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia &amp; terminal bronchopneumonia</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized atherosclerosis</u>  |  | <u>Years</u>   |  |
| DUE TO (c) <u>Arteriosclerotic nephritis</u>  |  | <u>2 1/2 +</u>   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign Prostatic Hypertrophy</u>   |  | <u>3 mo.</u>   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 44628  |  |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR _____  |  |
| 22. I hereby certify that I attended the deceased from <u>6-10</u> , 19 <u>50</u> , to <u>2-25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>52</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>M.D.</u>  |  | 23b. ADDRESS <u>836 Prof Bldg. K.C. 6 Mo</u>   |  |
| 23c. DATE SIGNED <u>2-27-52</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  |
| 24b. DATE <u>3/1/52</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>  |  |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary &amp; Chapel, K.C., Mo.</u>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____  |  | 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____   |  |
| DATE REC'D BY LOCAL REG. <u>2-27-52</u>   |  | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>  |  |

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

Dr. Joe. Weischer - V. 6087 - Prof. Bldg.  
1:30 - 6 pm. 836

APR 6 1963

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.