

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27987**
3598

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 <i>3747</i>			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 9 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 6 WEST 53RD. TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 WEST 53RD. TERRACE				4. DATE OF DEATH (Month) (Day) (Year) 8 - 12 - 52			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) BEVERLEY		c. (Last) COCKEY		5. SEX M	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept. 12, 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD CONDUCTOR		10b. KIND OF BUSINESS OR INDUSTRY UNION PAC. R.R.		11. BIRTHPLACE (City and State or Foreign Country) SALINA, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DR. M. G. COCKEY		13b. MOTHER'S MAIDEN NAME LUCY EVELYN BEVERLEY		14. NAME OF HUSBAND OR WIFE BESSIE L. COCKEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. W.W.#1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BESSIE L. COCKEY 6 WEST 53RD. TERR.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1-2</u> , 19 <u>30</u> , to <u>8-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>52</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Walnut St. Salina, Mo.		23c. DATE SIGNED 8-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-14-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) SALINA, KANSAS	
DATE REC'D BY LOCAL REG. 8-12-52		REGISTRAR'S SIGNATURE Geraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.			

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

Dr Graham
D.W. Evans
Richard Bledy

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

Lou Clark

Licensed Embalmer No.

4216

P. O. Address

A. G. 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.