

STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1952

50485

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

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| 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) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (to this place) life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2 | | | d. STREET ADDRESS (If rural, give location) 2211 E. 10TH. STREET | | |

3178

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|---|-------------------------------|---|--|---|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) DONALD | | b. (Middle) RAY | | c. (Last) COOPER | | 4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 9, 1952 | | |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH AUGUST 9, 1952 | | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months 22 Days 1 | IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MISSOURI | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME JOHN COOPER | | 13b. MOTHER'S MAIDEN NAME DORIS ALDRIDGE | | 14. NAME OF HUSBAND OR WIFE none | |
| 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 ADDRESS DORIS COOPER 2211 E. 10TH. STREET KCMO. | |

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|---|--|--|---|--|--|----------------------------------|
| 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 | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) IMMATURITY | | | PRECEDENT CAUSES | | | 776X |
| DUE TO (b) PREMATURITY | | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (c) | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION NONE | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (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 **AUGUST 9, 1952**, to **SEPT. 1, 1952**, that I last saw the deceased alive on **SEPT. 1, 1952**, and that death occurred at **3:25 P. m.**, from the causes and on the date stated above.

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|---|--|---|--|--------------------------------|--|
| 23a. SIGNATURE OF Frank Ellis MD (Degree or title) | | 23b. ADDRESS 600 E. 22ND. STREET | | 23c. DATE SIGNED 9-8-52 | |
|---|--|---|--|--------------------------------|--|

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|---|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 9-10-52 | | 24c. NAME OF CEMETERY OR CREMATORY Linds | | 24d. LOCATION (City, town, or county) (State) Kansas City MO | |
|---|--|--------------------------|--|---|--|---|--|

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 9-13-52 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom R. Tompkins K.C. MO | |
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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Wm A. Johnson

Licensed Embalmer No. *3089*

P. O. Address *KC 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.