

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38595

State File No.

No. 300
10-48

FILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5185

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY</u> <u>0830</u>	
c. LENGTH OF STAY (In this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>GENERAL DELIVERY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL # 2</u>			

3. NAME OF DECEASED a. (First) <u>MIKE</u>		b. (Middle) <u>*****</u>		c. (Last) <u>COOPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 27, 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JULY 15, 1876</u>	
9. AGE (In years last birthday) <u>76</u>		If UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>		If UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNEEMPLOYABLE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>AMERICAN</u>	

13a. FATHER'S NAME <u>LEM COOPER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA ?????</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ELSIE K. WELLS, PLATTE WELFARE DPT.</u>	
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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, asthma, 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) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>INGUINAL HERNIA</u>						<u>4250</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 NOV. 14, 1952 to NOV. 27, 1952, that I last saw the deceased alive on NOV. 27, 1952, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title)		23b. ADDRESS <u>600 E. 22ND. STREET</u>		23c. DATE SIGNED <u>11-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-28-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pollock & Mitchell</u> ADDRESS <u>Platte City, Mo.</u>	
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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 Roland M. Goffee

Licensed Embalmer No. 4725

P. O. Address Platte 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.