

STANDARD CERTIFICATE OF DEATH

42221

State File No. 5578 Registrar's No.

FILED JAN 5 1953

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

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (In this place) 84 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 2611 Jarboe

3. NAME OF DECEASED
 a. (First) Charles b. (Middle) c. (Last) Cook
 4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 4/16/1867 9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer (Retired) 10b. KIND OF BUSINESS OR INDUSTRY Trieb Roofing Co. 11. BIRTHPLACE (State or foreign country) Sedalia, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Cook 13b. MOTHER'S MAIDEN NAME Nancy 14. NAME OF HUSBAND OR WIFE Lena Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 499-14-1391 17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Swartz, Oak Grove, Mo. ADDRESS

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) Congestive heart failure
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertensive cardiovascular disease
 DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1952, to Dec. 19, 1952, that I last saw the deceased alive on Dec. 19, 1952, and that death occurred at 2:50A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/22/52 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 12-20-52 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home, N.C. Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Copeland

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....

Jimmy S. Hubbs

Signed.....

Student Embalmer

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.