

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14108

State File No.

FILED APR 25 1953

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No. 1885

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3478	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) 439 West 34th Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			
3. NAME OF DECEASED a. (First) THOMAS		b. (Middle) E	
c. (Last) COOK		4. DATE OF DEATH (Month) (Day) (Year) April 5 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14, 1908
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James C. Cook		13b. MOTHER'S MAIDEN NAME Cora O'Leary	
14. NAME OF HUSBAND OR WIFE Mrs Margaret Cook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 702-05-1245	
17. INFORMANT'S SIGNATURE OR NAME Mrs Margaret Cook		ADDRESS 439 West 34th 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Stenosis and Mitral Stenosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 6 yrs		4108	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 1 Nov 1952 to 5 April 1953 , that I last saw the deceased alive on 4 April 1953 , and that death occurred at 11:45 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Edw. H. Fischer		23b. ADDRESS 2025 Sweet NAC W	
23c. DATE SIGNED 6 April 53			
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE Apr 8, 1953	
24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo	
DATE REC'D BY LOCAL REG. 4-8-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Edward J. Robin		ADDRESS 20th Greenwood	

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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Forrest D. Coldenow

Licensed Embalmer No. 4714

P. O. Address: K C 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.