

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35814

State File No. 4993

FILED NOV 2 - 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 Clay 5068	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North		c. CITY OR TOWN Kansas City No.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6 yrs.		e. STREET ADDRESS (If rural, give location) 2417 East 53rd St. North	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			
3. NAME OF DECEASED a. (First) MRS. SALLIE (Type or Print)		b. (Middle) V.	c. (Last) COOKSEY
4. DATE OF DEATH 10-16-53			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 4, 1912
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Ellington, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Harry McHenry		13b. MOTHER'S MAIDEN NAME Hoskings	14. NAME OF HUSBAND OR WIFE Nathan C. Cooksey
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nathan C. Cooksey, 2417 E. 53 No. K.C.MO.NO
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) HEMORRHAGE FROM RUPTURED LIVER 3 days ANTECEDENT CAUSES DUE TO (b) METASTATIC LESIONS OF LIVER 1 yr. DUE TO (c) MALIGNANT MELANOMA SKIN 1 1/2 yr. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INNUMERABLE METASTASES 1 yr.	
19a. DATE OF OPERATION 6-19-53		19b. MAJOR FINDINGS OF OPERATION EXCISION L. AXILLARY GLAND - BIOPSY	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) NO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO		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 7 JUNE, 1952, to 16 OCT., 1953, that I last saw the deceased alive on 16 OCT., 1953, and that death occurred at 11:55 P. M., from the causes and on the date stated above.			
23a. SIGNATURE F. H. Wakefield (Degree or title)		23b. ADDRESS 1102 Grand K.C. 6/16/10-17-53	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-19-53	24c. NAME OF CEMETERY OR CREMATORY New Hope
24d. LOCATION (City, town, or county) (State) Richmond, Missouri			
DATE REC'D BY LOCAL REG. 10-19-53		REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.

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

Dr. Franklin A. Wakefield
Bryant College, Vi 2531

TOD 11:45 PM

In today 1 to 4

2004

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.....
Signature of Student Embalmer

Signed.....
Eugene J. Henn

Licensed Embalmer No. 463
P. O. Address.....
Lanesville, Ohio

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.