

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1256**
239

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3088**

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 OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 46 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		g. STREET ADDRESS (If rural, give location) 343 Myrtle 3088	

3. NAME OF DECEASED a. (First) SAMUEL	b. (Middle) M.	c. (Last) COOPER	4. DATE OF DEATH (Month) (Day) (Year) Jan-14-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30-1868	9. AGE (in years last birthday) 85	if UNDER 1 YEAR Months Days	if UNDER 2 Wks. Hours Mts.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Local 61	11. BIRTHPLACE (City and State or Foreign Country) Humboldt, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Flavious Cooper	13b. MOTHER'S MAIDEN NAME Mary Ann Milton	14. NAME OF HUSBAND OR WIFE Anne P. Cooper
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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. ---	17. INFORMANT'S SIGNATURE OR NAME Mr. J. N. Matthews	ADDRESS 343 Myrtle
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Fractured Skull		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E.9000 21	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down stairs
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1134 Rivette Blvd	23c. DATE SIGNED 1-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-18-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Maich Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman + Son Inc.	ADDRESS H.E., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 *W. C. Resine*

Licensed Embalmer No. *4879*

P. O. Address *H. C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.