

33843

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

4561

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>4561</u>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>19 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3946 Walnut</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ALBERT</b>	b. (Middle) <b>L.</b>	c. (Last) <b>COOPER</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 28, 1954</b>		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 18, 1892</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Federal Meat Inspector - Swift Packing Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift Packing Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Spickard, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>--- Cooper</b>		
13b. MOTHER'S MAIDEN NAME <b>Druceila Coon</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Cooper</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. # I</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel Cooper, 3946 Walnut, K. C., Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
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) <b>Natural</b>		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) m. _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P.m., from the causes and on the date stated above.				
23. SIGNATURE <b>Hugh H. Owens</b>		23b. ADDRESS <b>1034 Piatta Bldg.</b>		23c. DATE SIGNED <b>9-29-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cunningham, Kansas</b>
24d. LOCATION (City, town, or county) (State) <b>Cunningham, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		
DATE REC'D BY LOCAL REG. <b>9-29-54</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		ADDRESS <b>K.C.MO.</b>

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

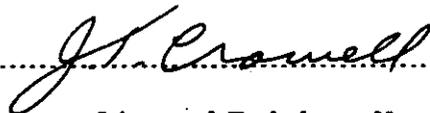
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STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No... 486

P. O. Address... K. E. M.

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.