

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **26082**  
**3039**

No. 300  
10.48

FILED AUG 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before)			
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>		c. CITY OR TOWN <b>North Kansas City</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		d. Is 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>Conley Maternity Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>506 E. 27th Ave.</b>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <b>HELEN</b>	b. (Middle) <b>MAXINE</b>	c. (Last) <b>COOK</b>	(Month) <b>7</b>	(Day) <b>14</b>	(Year) <b>55</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>May 20, 1913</b>		<b>9. AGE</b> (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Beautician</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Beauty Shop</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Walter R. Knott</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Eunice Hopkins</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lloyd Cook</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>488-14-0372</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Lloyd H. Cook</i>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Pulmonary Emboli and Cerebral Emboli - Cardio Arrest</b>					
		<b>ANTECEDENT CAUSES</b>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Thrombophlebitis</b>					
		DUE TO (c) <b>Cesarean Section - Pelvic Surgery</b>				<b>7-10-55</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> (c) <i>Bandell's ring</i> <b>Chronic Hypertension</b>				<b>6755</b>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b> <b>7 - 10 - 55</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>removal of uterine tumor</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<b>Cesarean Section - Ligation of fallopian tubes, appendectomy</b>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____		<b>(COUNTY)</b> _____ <b>(STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) _____ (Day) _____ (Year) _____ (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>4-20</u> , 19 <u>55</u> , to <u>7-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>55</u> , and that death occurred at <u>7:12 pm.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> <i>Samuel D. Salman</i>				<b>23b. ADDRESS</b> <i>509 Searcy Rd #18 Grand KC Mo</i>		<b>23c. DATE SIGNED</b> <b>7-15-55</b>	
<b>24a. BURIAL, CREMATION REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>July 18, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>		<b>24d. LOCATION (City, town, or county)</b> <b>St. Joseph, Mo.</b>		<b>(State)</b> _____
<b>DATE REC'D BY LOCAL REG.</b> <b>7-18-55</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Meva Marshall</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Freeman Mortuary, Kansas City, Mo.</b>			
				<b>ADDRESS</b> _____			

(Licensed Embalmer's Statement on Reverse Side)

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 *J. H. Freeman*

Licensed Embalmer No. *29*

P. O. Address *H. C.*

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.

*6-118*