Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30731
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3970

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas city 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital — Length of stay in Hospital: 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 3588 54 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3941 Vineyard Rd. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Floreine Mable Middle: Hamilton Last:

4. DATE OF DEATH Month: Sept Day: 8 Year: 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: 4 Jan 1901
9. AGE (In years last birthday): 55
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Cooper Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Cooper
14. MOTHER'S MAIDEN NAME: Sally Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-38-8040
17. INFORMANT Address: W.J. Hamilton 3941 Vineyard Rd. KCMo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRAIN TUMOR — ASTROCYTOMA — INTERVAL BETWEEN ONSET AND DEATH: 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): — 193X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1956 to 9-7-56 and last saw her alive on 9-7-56
Death occurred at 3:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo F. Cooper (Degree or title) Leo F. Cooper M.D.
22b. ADDRESS 1220 E. 31st K.C. Mo.
22c. DATE SIGNED 9-9-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 10 1956
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Kansas City Jackson Mo.

24. FUNERAL DIRECTOR ADDRESS: Floral Hills Mem Chapel Kansas City MO.
25. DATE RECD. BY LOCAL REG.: 9-9-56
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Dr Cooper 5634 Beach

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. Rosa Blanford

Licensed Embalmer No. 40

P. O. Address Ke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.