

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33911**
4469
Registrar's No.

FILED NOV 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 19 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 5002 E. 22nd. St.		STREET ADDRESS (If rural, give location) 2331 Oakley	
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) E. c. (Last) Cooper		4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 4, 1875
9. AGE (in years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker - General	11. BIRTHPLACE (City and State or Foreign Country) Laca County, Penn.
10a. FATHER'S NAME William H. Cooper		10b. KIND OF BUSINESS OR INDUSTRY Baking Co.	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William H. Cooper		13b. MOTHER'S MAIDEN NAME Clara E. Miles	14. NAME OF HUSBAND OR WIFE Cora Cooper
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. 487-09-9184	17. INFORMANT'S SIGNATURE OR NAME Gaynelle Seymore ADDRESS 5002 E. 22nd. St.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Bronchial Pneumonia DUE TO (c) Probably due to Sigmoid cancer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify)		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) (Min.)	
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 <u>Aug 1</u> , 1955, to <u>Oct 14</u> , 1956, that I last saw the deceased alive on <u>Oct 13</u> , 1956, and that death occurred at <u>7:55</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE Sherrill P. Prye (Degree or title) MO		23b. ADDRESS 2338 Jackson KC 27 MO	
23c. DATE SIGNED 10-15-56		24. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/17/56	
24c. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons ADDRESS 4139 Truman Rd. K.C. Mo	
DATE REC'D BY LOCAL REG 10-15-56		REGISTRAR'S SIGNATURE Neve Marshall	

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..... *William H. Egan*

Licensed Embalmer No. *4728*

P. O. Address *H. C. 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.