

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37937

STATE FILE NUMBER

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4727

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City, Rural</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp.</i>				Length of stay in lb <i>1 week</i>		d. STREET ADDRESS (If outside, give location) <i>11420 E. 55th St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Lacy</i> Middle <i>Lee</i> Last <i>Cooper</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>1</i> Year <i>1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July-22-1888</i>	9. AGE (In years last birthday) <i>68</i>		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Steel worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Sheffield Steel</i>		11. BIRTH PLACE (City and state or country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Batovich Cooper</i>				14. MOTHER'S M maiden NAME <i>Nancy Appleton</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>487-05-4228A</i>		17. INFORMANT Name <i>Ewing Nadine Ring</i> Address <i>11420 E. 55th St. R. 2, Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Peritonitis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Leak from large bowel anastomosis</i>		DUE TO (c) <i>closure of colostomy performed 18 yrs.</i>		<i>5 days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n). <i>44) Peritonitis</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i> a. m. <i>—</i> p. m. <i>—</i>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>123</i>		COUNTY		STATE	
21. I attended the deceased from <i>10/16/56</i> to <i>11-1-56</i> and last saw her alive on <i>11/1/56</i> . Death occurred at <i>12:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Deceased or wife) <i>James H. O'Neil MD</i>				22b. ADDRESS <i>425 E 63rd</i>		22c. DATE SIGNED <i>11-2-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov-5-1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR <i>C.H. Blackman & Son Inc</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>11-2-56</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James H. O'Neil

H. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Mr. James O'Neal
425 E. 63 -
No. 3. 7975
After 11:00 p.m.

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.....

P. O. Address.....

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.