

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17001

STATE FILE NUMBER

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2457

S. 300  
1-57

|  |                                  |   |  |  |  |   |   |  |
|--|----------------------------------|---|--|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>818 Wheeling</b>   |                                  |   | Length of stay in lb<br><b>life 60 yrs.</b>  |  | d. STREET ADDRESS<br><b>818 Wheeling</b>                                   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>MINNIE</b> Middle <b>A</b> Last <b>COOLEY</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>25</b> Year <b>1957</b>                          |  |  |   |   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>October 16 1892</b>   | 9. AGE (In years last birthday)<br><b>64</b>   | FUNDER 1 YEAR<br>Months Days   | IF UNDER 24 HRS.<br>Hours Min.  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City Kansas</b>    |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>George Schmidt</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Fritz</b>   |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Merl Cooley</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT<br>Address<br><b>Merl Cooley 818 Wheeling Kansas City Mo</b> |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac arrest</b>   |                                  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>immediate</b>  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  | DUE TO (b) <b>Rheumatic valvulitis &amp; Cardiac dilatation and cardiac cirrhosis</b>   |  |  |  | 6 years   |   |  |
|  |                                  | DUE TO (c)  |  |  |  | 414X  |   |  |
| 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?<br>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<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                                  |   |  |  |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT <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   |  | COUNTY STATE  |   |  |
| 21. I attended the deceased from <b>Jan 17, 1956</b> to <b>May 25, 1957</b> and last saw <sup>her</sup> alive on <b>May 3, 1957</b><br>Death occurred at <b>6:45 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |  |   |   |  |
| 22a. SIGNATURE<br><b>Verner J. Ames</b> (Degree or title) <b>2</b>   |                                  |   |  | 22b. ADDRESS<br><b>926 E. 11th K.C., Mo.</b>   |  | 22c. DATE SIGNED<br><b>May 27, 1957</b> (Date)  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   |  | 23c. NAME OF CEMETERY OR CREMATORY   |  | 23d. LOCATION (City, town, or county)   |   |  |
| <b>Burial</b>  |                                  | <b>May 28 1957</b>  |  | <b>Floral Hills Cemetery</b>   |  | <b>Kansas City Missouri</b>   |   |  |
| 24. FUNERAL DIRECTOR<br><b>Sheil Funeral Home Kansas City Mo</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-27-57</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Neve Minshall</b>                          |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Verner J. Ames



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. 4954 .....  
P. O. Address X.C. Md. .....

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.