

Health, Welfare & Public Service
 300 -56
 must use only standard nomenclature in item 10. No symptoms written in standard. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Terry F. Lilly, M.D.

FILED AUG 15 1957

STANDARD CERTIFICATE OF DEATH

24464

STATE FILE NUMBER

3545

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3545

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN North Kansas City, NORTH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Length of stay in lb 26 Yrs.		d. STREET ADDRESS (If outside, give location) 101 Normandy Lane			
3. NAME OF DECEASED (Type or print) First ROGER Middle NEIL Last COCKS				4. DATE OF DEATH Month July Day 27 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-7-1903		9. AGE (In years last birthday) 53		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Ford Motors Co.			10b. KIND OF BUSINESS OR INDUSTRY Claycomo Plant		11. BIRTHPLACE (City and state or country) El Dorado Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Jefferson Cocks				14. MOTHER'S MAIDEN NAME Mary Lee Poague				
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. 486-05-2533		17. INFORMANT Veneta Cocks				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardia de compensation							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Passive congestion, Hypostatic					410x	
		DUE TO (c) Pneumonia - Chronic rheumatic heart disease						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Normal stenosis & regurgitation. Aortic stenosis							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 1:00 Month 12 Day 12 Year 1957 a. m. p. m.								
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		COUNTY STATE		
21. I attended the deceased from April 6th 1945 to July 27th 57 and last saw her alive on July 27, 1957 <input checked="" type="checkbox"/> Death occurred at St. Lukes Hospital on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Terry F. Lilly M.D.				22b. ADDRESS 807 Argyle Bldg HG Mo		22c. DATE SIGNED July 29/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-30-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.			
24. FUNERAL DIRECTOR ADDRESS Stine & McClure K. C. Mo.				25. DATE RECD. BY LOCAL REG. 7-29-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. L. ...
80 ...
H. ...
... 300 ...

4-3-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. L. Walton*

Licensed Embalmer No. *271*

P. O. Address *K.C. 70*

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