

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018096

STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2399

300
1-57

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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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COLONIAL NURSING HOME 100 E. 36TH STREET			Length of stay in lb 60 YEARS		d. STREET ADDRESS (If outside, give location) 4900 OAK STREET
3. NAME OF DECEASED (Type or print) First Middle Last CORA BELLE COPE			4. DATE OF DEATH Month Day Year MAY 9, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 8, 1870		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) NEAR GALLIPOLI OHIO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Billings		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE GEORGE COPE		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. NONE	
17. INFORMANT MRS. MAY SHERMAN		Address 905 BENTON BLVD KANSAS CITY, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senility. Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443+	
19. INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs 10 yrs		20a. ACCIDENT SUICIDE HOMICIDE NO NO NO		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY NO		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 June 1955 to May 9, 1958 last saw her alive on May 9, 1958 Death occurred at 1:40 P. m on the 9th stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. B. Casabalt MD	
22b. ADDRESS 4000 Baltimore		22c. DATE SIGNED 5-9-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MAY 12, 1958		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRASH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-12-58		26. REGISTRAR'S SIGNATURE neva minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M. B. Casabalt

every coroner, etc., must use any standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *James W. Pearson*

Licensed Embalmer No. *4889*

P. O. Address *D.C. 270*

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.