

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021844

STATE FILE NUMBER

2837

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2837

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</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>Freight Hotel apart 316-2 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>Freight Hotel apart</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Neta Maxine Cook</i>		4. DATE OF DEATH Month Day Year <i>6-3-1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-15-1933</i>
9. AGE (In years, if UNDER 1 YEAR, if UNDER 24 HRS., give month and day) <i>25</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Lamar Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Harry Cook</i>	
13b. MOTHER'S MAIDEN NAME <i>Hellie Hines</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT Name Address <i>Hellie Hines 614 E Olive Rich Hill 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>stab wound chest puncturing aorta</i> DUE TO (b) <i>aorta</i> DUE TO (c) <i>a back 982x</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I.) <i>Numerous stab wounds arms legs</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Stabbed by common law husband</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>9:30 p.m. 6-3-58</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		
20e. CITY, TOWN, OR LOCATION <i>Kansas City</i>		20f. COUNTY STATE <i>Jackson MO</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Nancy A Owens-Carmes</i>		22b. ADDRESS <i>1034 Rio Alto Bldg</i>	
22c. DATE SIGNED <i>6-4-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>6-5-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	
23d. LOCATION (City, town, or county) (State) <i>Lamar Mo</i>		24. FUNERAL DIRECTOR Name Address <i>Konantz, Thun, Home La Mar Mo</i>	
25. DATE RECD. BY LOCAL REG. <i>6-5-58</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

High H. OWENS

JUL 11 1958

SEP 24 1958



MS APR 20 1959

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 *[Handwritten Signature]*

Licensed Embalmer No. *4773*
P. O. Address. *[Handwritten 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.