

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001254
STATE FILE NUMBER 330

5 1959

8079

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

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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) Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1525 Spruce | | d. STREET ADDRESS (If outside, give location) 1525 Spruce | |
| Length of stay in lb Life | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Gilbert Paul Middle Cooper Last Cooper | | | 4. DATE OF DEATH Month Jan. Day 16, Year 1959 | | |
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|--------------------|------------------------------|--|-----------------------------------|--|
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6/19/1958 | 9. AGE (In years last birthday) 6 MONTHS 27 DAYS 17 HOURS Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Leon Cooper | 13b. MOTHER'S MAIDEN NAME Irma Mae Johnson | 14. NAME OF HUSBAND OR WIFE None |
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| 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 Address Mrs. Leon Cooper, 1525 Spruce |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Emphysema | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) Acute Dilatation of Right Heart | | |
| DUE TO (c) Hypertrophied Thyroid Gland | | |
| 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ 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 |
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| 21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Deputy Coroner | 22b. ADDRESS 1618 Lydia Ave | 22c. DATE SIGNED 1/16/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-23-59 | 23c. NAME OF CEMETERY OR CREMATORY Highland | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| 24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo. | 25. DATE RECD. BY LOCAL REG. 1-19-59 | 26. REGISTRAR'S SIGNATURE neva minshall |
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L. M. Tillman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Conrad G. Gandy, B.S.*

Licensed Embalmer No. *4944*

P. O. Address *K.S. Mo.*

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.