

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1960 149

Primary Registration District No. 1002 Registrar's No.

6304

STATE FILE NUMBER -59-046730

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>33 YRS.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5035 EAST 6TH ST.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5035 EAST 6TH.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDGAR VEST COOPER</b>			4. DATE OF DEATH Month Day Year <b>DEC; 31, 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-2-1892</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FINISHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FORD MTR. CO.</b>	11. BIRTHPLACE (City and state or country) <b>HOUSTONIA, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN M. COOPER</b>		13b. MOTHER'S MAIDEN NAME <b>JINNIE SPURGEON</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-05-2418A</b>		17. INFORMANT Address <b>F. S. COOPER 5035 EAST 6TH K.C. MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY ARTERY THROMBOSIS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERY ARTERIO SCLEROSIS</b>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. _____		Month, Day, Year _____			
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 <b>Kansas City Jackson MO</b>	
21. I attended the deceased from <b>Jan 1957</b> to <b>Dec 1959</b> and last saw him alive on <b>Dec 5, 1959</b> Death occurred at <b>10:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>K. L. Shireman M.D.</b>			22b. ADDRESS <b>4606 St John Kemo</b>		22c. DATE SIGNED <b>1-1-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>1-1-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BLACKWATER CHAPEL</b>		23d. LOCATION (City, town, or county) (State) <b>SWEET SPRINGS, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>C. H. BLACKMAN &amp; SON INC. K.C. MO. 1-1-60</b>			25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <b>neva minshall</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF K. L. Shireman

REGISTERED

1940

STATEMENT BY LICENSED EMBALMER

098

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bert B. Benne

Licensed Embalmer No. 4656  
P. O. Address W.C. D.

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.