

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 25 1960

-60-014242

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 473 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 3 Yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3502 East Karnes Road		d. STREET ADDRESS (If outside, give location) 3502 East Karnes Rd.	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Nathan Middle C. Last Cooksey			4. DATE OF DEATH Month April Day 16 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 22, 1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law		10b. KIND OF BUSINESS OR INDUSTRY Judge in chge. workmens compensation of Mo.		11. BIRTHPLACE (City and state or country) Liberty, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME B. B. Cooksey		13b. MOTHER'S MAIDEN NAME Minnie D. Comer		14. NAME OF HUSBAND OR WIFE Emily Ann Cooksey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 1 and W.W. 2			16. SOCIAL SECURITY NO. W.W. 1 and W.W. 2		17. INFORMANT Mervin B. Cooksey New York City, N.Y.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH at once at once
IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage	DUE TO (b) Self-inflicted gunshot wound	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (see)	DUE TO (c) in Chest (12 ga. over load)	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was alone at time of shooting
20c. TIME OF INJURY Hour 3:00 a.m. Month, Day, Year 4 16 60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Home 3502 E. Karnes Rd Buchanan Co Mo	20g. COUNTY STATE Buchanan Co Mo

21. I attended the deceased from **viewed body** and last saw him **live on 4-16-60**
Death occurred at **380 a** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) J.E. Melaney M.D. coronor		22b. ADDRESS 214 Kirkpatrick Bld St. Joseph S, Mo		22c. DATE SIGNED 4-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 17, 1960	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	23d. LOCATION (City, town, or county) (State) Richmond Missouri	

24. FUNERAL DIRECTOR Meinliff - Flanagan Inc. St Joseph Mo	25. DATE RECD. BY LOCAL REG. April 20, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF J.E. Melaney M.D. MEDICAL CERTIFICATION

VS APR 28 1960

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0861

STATEMENT BY LICENSED EMBALMER

MAY 5 1960

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 *Eric J. Cheney*

Licensed Embalmer No. *4679*

P. O. Address *St. Joseph*

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.