

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 13 1960

=60-023109

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3262 STATE FILE NUMBER

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		Length of stay in 1b 56 yrs.		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 General Hospital NO. 1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 471 Tracy Avenue			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jennie Middle Beatrice Last Cooper				4. DATE OF DEATH Month 6 Day 23 Year 60			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-19-83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) HARRISON COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Abernathy Merrifield			13b. MOTHER'S MAIDEN NAME Nancy CHAMBERS		14. NAME OF HUSBAND OF DECEASED CLAUDE C. COOPER		
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. Beverly Johnson 2301 S. 14th KCK			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (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) Sub-trochanteric Fracture -(left hip)					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 <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.) Patient slipped on rug at home.			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 6/18/60	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.		COUNTY Jackson	STATE Mo.
21. I attended the deceased from 6/18/60 to 6/23/60 and last saw alive on 6/23/60 Death occurred at 8345 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H.L. Dwyer (Degree or title) M.D.				22b. ADDRESS 2400 Cherry- K.C. Missouri		22c. DATE SIGNED 6/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 27, 1960	23c. NAME OF CEMETERY CHAPEL HILL MEMO. GARD.		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C. MO.			ADDRESS 1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 6-27-60	26. REGISTRAR'S SIGNATURE Heve Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. L. Dwyer

CC
Permits

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert H. Sava

Licensed Embalmer No. 4812

P. O. Address Kansas C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.