

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042375

FILED VS. NOV 29 1960

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 3026 Registrar's No. 550

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Length of stay in 1b OR TOWN <u>42 yrs</u>		c. CITY OR TOWN <u>Independence, M</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. San. &amp; Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1319 West Walnut</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Leila</u> Middle <u>Darling</u> Last <u>Cooper</u>				4. DATE OF DEATH Month <u>November</u> Day <u>20</u> Year <u>1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Anglo-Saxon</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-5-1881</u>		9. AGE (last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-0-</u>		11. BIRTHPLACE (City and state or country) <u>Mt. Ayr., Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Joseph A. Saville</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Mary Galloway</u>			14. NAME OF HUSBAND OR WIFE <u>Robert T. Cooper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Marianna Cooper - 1319 W. Walnut</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Bilateral pyelonephritis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Small infarct temporal lobe (left)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>years</u>		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____		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					
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	
21. I attended the deceased from <u>5-29-45</u> to <u>11/20/60</u> and last saw her <sup>her</sup> alive on <u>11/20/60</u> Death occurred at _____ <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Vance E. Lusk, MD</u>				22b. ADDRESS <u>10901 Union Rd</u>				22c. DATE SIGNED <u>11/21/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>November 22, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Independence, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Roland R. Speaks, Independence, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>11-22-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Andes, 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.