

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045455

FILED VS DEC 1 9 1960

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 183 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		c. CITY OR TOWN <u>Liberty</u>	
Length of stay in lb <u>3 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Marilyn</u> Middle <u>Byrl</u> Last <u>Cook</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>3,</u> Year <u>1960</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-18-30</u>	9. AGE (last birthday) <u>30</u>	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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and state or country) <u>Braymer, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Horace Jone</u>		13b. MOTHER'S MAIDEN NAME <u>Imogene Faye O'Dell</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde J Cook</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-30-3972</u>	17. INFORMANT <u>Clyde Cook Liberty, Missouri</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>inmed.</u> <u>14 days</u>
IMMEDIATE CAUSE (a) <u>Acute Pulmonary Embolus</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized peritonitis and hepatitis</u>	
	DUE TO (c) <u>Pelvic peritonitis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>premature separation and premature delivery of placenta and still-born infant (2) Patient developed clinical small bowel obstruction</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED, TERRITORY OF INJURY IN PART I or PART II of item 18. <u>Had exploratory laporotomy performed five days post-partum</u>
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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.) <u>Liberty, Mo</u>	20f. CITY, TOWN, OR LOCATION <u>Liberty, Mo</u>	COUNTY _____ STATE _____
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21. I attended the deceased from <u>July 19, 1960</u> to <u>DEC 3, 1960</u> and last saw her <u>alive on DEC 3, 1960</u>	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Occupation or title) <u>James S. Lilloughly MD</u>		22b. ADDRESS <u>Liberty Mo</u>		22c. DATE SIGNED <u>12-6-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Dec. 6, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
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24. FUNERAL DIRECTOR <u>Tyler-Pasley Liberty, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>12-6-60</u>	26. REGISTRAR'S SIGNATURE <u>Marjorie Huggins</u>
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(Licensed Embalmer's Statement on Reverse Side)

pt II certificate from information given by the attending physician DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AUG 17 1961

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 Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address St. Henry

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.