

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008707

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1195 STATE FILE NUMBER

1. PLACE OF DEATH **MAR 29 1961**  
 a. COUNTY JACKSON  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 50 yrs.  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 6511 E. 12th Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY JACKSON  
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 6511 E. 12th Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE A. COOK  
 4. DATE OF DEATH Month Day Year MARCH 6 1961  
 5. SEX FEMALE 6. COLOR OR RACE CAUCASIAN 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH APR 18 1875 9. AGE (last birthday) 85 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) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) SEARVA, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME BENJAMIN O'BANNON 13b. MOTHER'S MAIDEN NAME ELIZABETH GARTON 14. NAME OF HUSBAND OR WIFE Robert N. Cook

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 LAVERNE PISCE Address 4111 E. 9th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arterial failure  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) High H. Owens 22b. ADDRESS Corner 152 Union Station 22c. DATE SIGNED 3-7-61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL 23b. DATE MAR 8 1961 23c. NAME OF CEMETERY OR CREMATORY GREENLAWN 23d. LOCATION (City, town, or county) (State) KANSAS CITY, Missouri

24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH 6800 TROOST 25. DATE RECD. BY LOCAL REG. 3-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
 3-22-61  
 3-22-61

INSTEAD OF  
Widowed  
Embalmer

SHOULD READ  
Embalmed  
Robert N. Cook

BY AFFIDAVIT OF Informant. High H. Owens MEDICAL CERTIFICATION

**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 Can Jr

Licensed Embalmer No. 4934

P. O. Address KC 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.