

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2755-61-021216
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **17yrs**
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **QUEEN OF THE WORLD** 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) **3632 INDIANA** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CHARLIE WESLEY COOPER

4. DATE OF DEATH Month Day Year
MAY 31, 1961

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-24-1908** 9. AGE (last birthday) **52** 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) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Ford Motor Co.** 11. BIRTHPLACE (City and state or country) **Homer, La.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Felix Cooper** 13b. MOTHER'S MAIDEN NAME **Clarisa Dozier** 14. NAME OF HUSBAND OR WIFE **Clara Bell Cooper**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 17. INFORMANT Address **CLARA COOPER 3632 INDIANA, K.C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **CARCINOMA OF THE LIVER WITH METASTASIS**
DUE TO (b) **1**
DUE TO (c) **.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **LUNGS ASCITES: PARTIAL ATELECTASIS OF LOWER LOBES OF**
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 Month, Day, Year
a.m. p.m.

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 **12-5-60** to **5-31-61** and last saw her alive on **5-31-61**
Death occurred at **3:15 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M.R. Peterson M.D.** 22b. ADDRESS **2701 E. 31st. St. K.C. Mo.** 22c. DATE SIGNED **6-2-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6-3-61** 23c. NAME OF CEMETERY OR CREMATORY **Blue Ridge Lawn** 23d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

24. FUNERAL DIRECTOR ADDRESS **Watkins Bros. Funeral Home 18th Benton** 25. DATE RECD. BY LOCAL REG. **6-2-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Peterson

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 Bruce A. Watkins

Licensed Embalmer No. 4500

P. O. Address 1st Benton

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.