

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044594

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6247

FILED JAN 8 1962

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City, Missouri** Length of stay in lb **Life**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOSEPH HOSPITAL** 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) **7123 Montgall Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Lloyd** Middle **Cook** Last **Cook** 4. DATE OF DEATH Month **12** Day **11** Year **61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-14-60** 9. AGE (last birthday) **1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INFANT** 10b. KIND OF BUSINESS OR INDUSTRY **--** 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Charles P. Cook** 13b. MOTHER'S MAIDEN NAME **--** 14. NAME OF HUSBAND OR WIFE **--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service) **--** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **CHARLES P. COOK** Address **7123 MONTGALL AVE. KANSAS CITY, 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) **Acute Fulminating Meningitis**
 DUE TO (b) **Organism undetermined, Pending Spinal Fluid Culture**
 DUE TO (c) **24 hrs.**
 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)

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 **11:40** a.m. p.m. Month, Day, Year **12-11-61**

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 **12-11-61** to **12-11-61** and last saw her/him alive on **12-11-61**
 Death occurred at **11:40** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Leo F. Cooper MD** (Degree or title) 22b. ADDRESS **1730 E. 31st K.C. Mo** 22c. DATE SIGNED **12-11-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **DEC. 11, 1961** 23c. NAME OF CEMETERY OR CREMATORY **---** 23d. LOCATION (City, town, or county) **CALIFORNIA** (State) **MISSOURI**

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CR. KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **12-12-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

Leo F. Cooper

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 Thomas W. Harrison

Licensed Embalmer No. 4889

P. O. Address Luther, 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.