

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1949

State File No. **37183**
49483

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 49483	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Neosho			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 4 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) Chanute		14 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.				d. STREET ADDRESS (If rural, give location) 209 So Highland			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) M c. (Last) Cooper			4. DATE OF DEATH 11-20-49				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6, 1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self		10b. KIND OF BUSINESS OR INDUSTRY Oil Producer		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James Alfred Cooper			13b. MOTHER'S MAIDEN NAME Cynthia		14. NAME OF HUSBAND OR WIFE Cecil Fisher Cooper		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W. W. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hosp. Records Cecil Cooper, Chanute, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Out cell type Bronchogenic Carcinoma ANTECEDENT CAUSES Left lower lobe bronchus DUE TO (b) none known DUE TO (c) Widespread lymphatic & visceral metastasis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Several months Solomo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 162X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Autopsy Only , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F.C. Helwig M.D.				23b. ADDRESS St. Lukes Hospital Ke. Mo		23c. DATE SIGNED Nov 20th 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11/20/49		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Chanute Kans	
DATE REC'D BY LOCAL REG. 11-23-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stevens & McClure Ke. Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1950

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

Student Embalmer

Signed.....

L G Allen

Licensed Embalmer No. *1415*

P. O. Address *K C 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 this body is not embalmed, fact should be so stated above.