

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20136

FILED JUL 8 1950

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2788

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 920 Holmes St 3130	
d. FULL NAME OF HOSPITAL OR INSTITUTION 905 Holmes St sidewalk			

3. NAME OF DECEASED a. (First) John b. (Middle) W c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 6-20-50
--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 20 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 100 HOURS Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	--------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) apt manager	10b. KIND OF BUSINESS OR INDUSTRY Rooming House	11. BIRTHPLACE (State or foreign country) Mauw 1 Ohio	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME Fayette Cook	13b. MOTHER'S MAIDEN NAME Do not know	14. NAME OF HUSBAND OR WIFE Blanch Cook
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 273-20-1227	17. INFORMANT'S SIGNATURE OR NAME Blanch Cook	ADDRESS 920 Holmes
---	--	--	---------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of Infection		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no Relative to Sign Post Joint	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner	23b. ADDRESS 1034 Reardon Bldg	23c. DATE SIGNED 6-21-50
--	---------------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE June 24 1950	24c. NAME OF CEMETERY OR CREMATORY Mason Cemetery	24d. LOCATION (City, town, or county) (State) Sty Moore Mo.
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 6-24-50	REGISTRAR'S SIGNATURE Steraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros	ADDRESS KC Mo
---	--	---	----------------------

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

311 148

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 *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address *15 CMO*

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.