

FILED SEP 16 1950

## STANDARD CERTIFICATE OF DEATH

State File No. ....

30347

3656

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (to this place) (Specify township) <u>43 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		118	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5638 FOREST AVENUE</u>			
3. NAME OF DECEASED (Type or Print) <u>JAMES HERMAN COOPER</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV.-4-1893</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LINDYPIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY STAR</u>		11. BIRTHPLACE (State or foreign country) <u>Waverly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William B. Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Byrdie Goodwin</u>		14. NAME OF HUSBAND OR WIFE <u>Della Cooper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-4387</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Della Cooper 5638 Forest</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypopneumia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) relating the underlying cause last. DUE TO (b) <u>Post-operative complications Intest. obstruction.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>  <u>3 hrs</u>  <u>54<sup>10</sup></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Gastric ulcer</u>				20. AUTOPSY? 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 <u>7-29, 1950</u> , to <u>8-24, 1950</u> , that I last saw the deceased alive on <u>8-24, 1950</u> , and that death occurred at <u>4:52 P.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>B. O. Parsons</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Plan Med Bldg</u>		23c. DATE SIGNED <u>8-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>MT. MORIAN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-27-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1331 SAUGH CREEK BLVD. KANSAS CITY, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Plaza Med. Bldg.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Robert Ray*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City,

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.