

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16479**  
**2351**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City "Rural"</b>		<b>X0480</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3923 Crestview</b>		
3. NAME OF DECEASED (Type or Print) <b>BESSIE</b>	a. (First)	b. (Middle)	c. (Last) <b>COOLEY</b>	4. DATE OF DEATH <b>May 31 1951</b>	(Month) (Day) (Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 25, 1884</b>	9. AGE (In years last birthday) <b>66</b>	# UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Brunswick, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>William Shackelford</b>		13b. MOTHER'S MAIDEN NAME <b>Sallie Glenn</b>	14. NAME OF HUSBAND OR WIFE <b>Elmer F. Cooley</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Marie Gallagher</b>	ADDRESS <b>3923 Crestview K.C. Mo</b>		
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) <b>Acute Leukemia -</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senescent Echinococcal Neurocyst</b>				
	DUE TO (c) <b>Acute Myelophthisic Anemia</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>2043</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	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 <b>1:15P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Russell W. Kerr MD</b>			23b. ADDRESS <b>St Joseph Hospital</b>		23c. DATE SIGNED <b>June 5 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>June 2, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Brunswick, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-1-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Helmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILKS FUNERAL HOME 2315 Linwood K.C. 3 Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chas E Wilks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *110 MNO*

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.