

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26846**  
**3350**

BIRTH NO. 52255-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>439 West 34th Terrace</u>   |  |

|   |                               |  |  |   |   |
|---|-------------------------------|--|--|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>MARY</u> c. (Last) <u>COOK</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1951</u>              |   |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>July 31 1951</u>                                   | 9. AGE (In years last birthday) <u>15</u> | IF UNDER 1 YEAR Months _____ Days _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                              | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |

|                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Thomas Cook</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Herrington</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---------------------------------------|--|-----------------------------------|

|  |                                     |  |                                   |
|--|-------------------------------------|--|-----------------------------------|
| 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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Cook</u> | ADDRESS <u>439 West 34th Terr</u> |
|--|-------------------------------------|--|-----------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>750X</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalus</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>KANSAS CITY JACKSON MO.</u> |
| 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 7-31, 1951, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

|  |   |                                |
|--|---|--------------------------------|
| 22a. SIGNATURE <u>D. W. Ludwig</u> (Degree or title) _____ | 22b. ADDRESS <u>407 W. 34th Terrace</u> | 22c. DATE SIGNED <u>8-1-51</u> |
|--|---|--------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 1 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> |
|---|-----------------------------|--|---|

|  |  |  |                             |
|--|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>8-6-51</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk, Robin</u> | ADDRESS <u>20 W Linwood</u> |
|--|--|--|-----------------------------|

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

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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.....

*Forrest D Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *H. 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.