

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20401**  
2630

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

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

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 OR TOWN <b>KANSAS CITY</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>50 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>12 E. 62ND. TERRACE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CROSSE REST HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>	b. (Middle) <b>J.</b>	c. (Last) <b>COOKSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 9 - 52</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 17, 1858</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED OWNER - ADMIRAL HAY PRESS CO,</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>CHARLES COOKSON</b>	13b. MOTHER'S MAIDEN NAME <b>MARY LEWIS</b>	14. NAME OF HUSBAND OR WIFE <b>MARY LILLIAN COOKSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. GERALDINE C. KLEIN</b> ADDRESS <b>-12 E. 62ND. TERR</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arterio sclerosis</b>		<b>10 yrs</b>
	DUE TO (c) <b>acute cardiac de compensation</b>		<b>6 hrs.</b>

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)
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 April 22, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. Donald McFarland</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>315 Nichols Rd</b>	23c. DATE SIGNED <b>6-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>6-11-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6-11-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; MC CLURE</b> ADDRESS <b>KANSAS CITY, MO.</b>
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Please send  
to  
Mr. W.A.  
Student  
Body  
1533

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 J. S. Walton

Signed .....  
Student Embalmer

Licensed Embalmer No. 2784

P. O. Address Beams

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.