

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42223**
5345

FILED DEC 20 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 YEARS		d. STREET ADDRESS (If rural, give location) 1024 WEST-72ND STREET	
d. FULL NAME OF (If not in hospital or institution, give street address or location) RESEARCH HOSPITAL			
3. NAME OF DECEASED a. (First) LOTEN b. (Middle) RUSSELL c. (Last) COOLEY			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 6-1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1-1901
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADJUSTOR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADJUSTOR		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE CO.	
11. BIRTHPLACE (State or foreign country) NEAR LUCERNE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID E. COOLEY		13b. MOTHER'S MAIDEN NAME MINA JOHNSON	
14. NAME OF HUSBAND OR WIFE MRS. RHEA COOLEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 487-07-4509		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. RHEA COOLEY 1024 WEST-72ND ST. KANSAS CITY, MO.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC FAILURE			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OLD AND RECENT INFARCTS MYOCARDIUM DUE TO (c) MULTIPLE CORONARY OCCLUSION			
II. OTHER SIGNIFICANT CONDITIONS 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 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) (Minute)		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 Pathologist , 19____, that I last saw the deceased alive on Dec 6, 1952 , and that death occurred at 8:55 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. R. McPhee (Degree or title)		23b. ADDRESS Research Hospital 2300 Holmes Kansas City, Mo.	
23c. DATE SIGNED 12/6/52		24. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 8-1952	
24c. NAME OF CEMETERY OR-CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 12-8-52		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. N. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City 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.