

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24707**
3114

FILED JUL 17 1953

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

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

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) 3 Yrs.		d. STREET ADDRESS (If rural, give location) 2200 East. 75th. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3231 Prospect Hazelwood N. H.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) John c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) June 17 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 15 Oct. 1890		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Hours Min. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Machinery		11. BIRTHPLACE (City and State or Foreign Country) Arcardia, Ind.	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Henry A. Cook		13b. MOTHER'S MAIDEN NAME Amanda J. Foust		14. NAME OF HUSBAND OR WIFE Margory Cook	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X X X X		16. SOCIAL SECURITY NO. 494-09-6459		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. Cook 2200 E. 75 St. K.C. Mo.	
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6-19-53	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 11-2, 1951, to 6-12, 1953, that I last saw the deceased alive on 6-12, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. R. Lyndon, Jr., M.D. (Degree or title) A. M. D.	23b. ADDRESS 1027 E 75 St. K.C. Mo.	23c. DATE SIGNED 6-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 19 June 53	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 6-19-53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K.C.M
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Dr. LYDDON JR 75th TRUST

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 Lloyd C. McCord

Licensed Embalmer No. 4853

P. O. Address K. 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.