

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15825**
2178

FILED JUN 3 1954

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

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| 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) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 20 yrs. | | e. STREET ADDRESS (If rural, give location) 2328 Prospect | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2 | | | |

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|---|------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Clarence | a. (First) | b. (Middle) | c. (Last) Cooper | 4. DATE OF DEATH (Month) (Day) (Year) May 7, 1954 |
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| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec. 13, 1902 | 9. AGE (In years last birthday) 51 | 10. UNDER 1 YEAR Months | 11. UNDER 5 HRS. Days | 12. UNDER 10 MIN. Hours | 13. UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | 10b. KIND OF BUSINESS OR INDUSTRY odd jobs | 11. BIRTHPLACE (City and State or Foreign Country) Jefferson, Texas | 12. CITIZENRY OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Shed Cooper | 13b. MOTHER'S MAIDEN NAME Mary McCoy | 14. NAME OF HUSBAND OR WIFE Vedie Cooper |
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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. | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME Georgia Cooper ADDRESS 2328 Prospect |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma of right lung | | |
| | ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension with failure | | 1627 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | 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 4-1-54, 1954, to 5-7-, 1954, that I last saw the deceased alive on 5-7-, 1954, and that death occurred at 5:25P m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. Frank Ellis (Degree or title) MD | 23b. ADDRESS Gen. Hospital # 2 | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-15-54 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 5-14-54 | REGISTRAR'S SIGNATURE Heraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Walter's Bros. Funeral Home 18th Penton ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6369722

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.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Bent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.