FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16277

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 214

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: yes
e. STREET ADDRESS (If rural, give location): 1118 W. 26th St. 7005

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): H.
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 4, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired roller
10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel
11. BIRTHPLACE (City and State or Foreign Country): Miami County, Kansas.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James M. Cook
13b. MOTHER'S MAIDEN NAME: Martha Frick
14. NAME OF HUSBAND OR WIFE: Margaret G. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 487 03 8387
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Margaret G. Cook, Independence, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 1 Week
DUE TO (c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis of descend. m of Colon c̄ perforation — local peritonitis 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11, 1954, *to* 6-3-, 1954 *that I last saw the deceased alive on* 6-3-, 1954 *and that death occurred at* 3:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Allen M.D.
23b. ADDRESS: Independence, Mo.
23c. DATE SIGNED: 6-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/5/54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 6-5-54
REGISTRAR'S SIGNATURE: James H. Kraly 485
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thos. C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Schroede

Licensed Embalmer No. 4.7.4

P. O. Address Independe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.