

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

15404

State File No.

FILED JUN 2 1955

2093

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 Kansas b. COUNTY Wyandotte

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 1 day

c. CITY OR TOWN Overland Park d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital

STREET ADDRESS (If rural, give location) 8106 West 79th

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Caroline c. (Last) Cooke

4. DATE OF DEATH May 13, 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 29, 1876

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- City clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Calvin E. Kline

13b. MOTHER'S MAIDEN NAME Laura Supplee SUPLEE

14. NAME OF HUSBAND OR WIFE James Harry Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Rupp 8106 West 79th Overland Park

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sigmoid Colon
ANTECEDENT CAUSES DUE TO (b) Senility
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

153X

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 Jan. 1954 to May 13, 1955, that I last saw the deceased alive on May 13, 1955, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Riley King S. Riley King, D.D. (Degree or title)

23b. ADDRESS Overland Park, Mo.

23c. DATE SIGNED 5-13-55

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE 5/16/55

24c. NAME OF CEMETERY OR CREMATORY Winners Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. 5-14-55

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna Cross Shawnee, Kansas

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.....
Signature of Student Embalmer

Signed.....
E. Paul Jones

Licensed Embalmer No...438

P. O. Address *Shawnee, K*

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.