

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16999

FILED JUN 5 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2313

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 906
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Length of stay in lb 64 years	d) STREET ADDRESS (If outside, give location) 817 West 39th Terr.
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET V. COOK			4. DATE OF DEATH Month Day Year May 19, 1957
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 23, 1883
9. AGE (In years last birthday) 74	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Higginsville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Donahue		13b. MOTHER'S MAIDEN NAME Mary Ellen Gilkey	14. NAME OF HUSBAND OR WIFE Charles T. Cook-Deceased
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. 488-32-7462	17. INFORMANT Address Mrs. Bernard E. Fugate-4409 Madison, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage, left cerebellum			INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized			10 yrs.
DUE TO (c) Arterial Hypertension, Severe			7 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Bronchopneumonia, congestive 24hr.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None 331*	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION None	COUNTY STATE
21. I attended the deceased from July 1949 to 5/19/57 and last saw her alive on 5-19-57 Death occurred at 5 P.M. 5-19-57 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold A. Budke (Degree or title)		22b. ADDRESS 1019 ARBYE	22c. DATE SIGNED 5-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/22/57	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 5-20-57	26. REGISTRAR'S SIGNATURE Neva Marshall

Harold A. Budke

MEDICAL CERTIFICATION

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. No cause in Part I must be causally related.

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 *Forrest D. Goldsman*

Licensed Embalmer No. *4714*
P. O. Address *K.P. No.*

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.