THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1957

24481
STATE FILE NUMBER 3349

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hospital — Length of stay in Hospital 39 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2636 Madison — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LILY Middle [illegible] Last COX

4. DATE OF DEATH Month July Day 16 Year 1957

5. SEX female
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 14, 1884
9. AGE (In years last birthday) 72 — 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 & Retired Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nursing
11. BIRTHPLACE (City and state or country) Roscommon County, Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick Gunn
13b. MOTHER'S MAIDEN NAME Catherine Davis
14. NAME OF HUSBAND OR WIFE Thomas P. Cox

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. 486-36-9157
17. INFORMANT Thomas P. Cox, Jr. Address -5036 Belmeade Rd. K.C.MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer, metastatic — INTERVAL BETWEEN ONSET AND DEATH 30 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of colon — 17 yrs.
DUE TO (c) — 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, general —
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 16, 1956 to July 16, 1957 and last saw her/him alive on July 16, 1957
Death occurred at 2:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles S. Cooper (Degree or title) M.D.
22b. ADDRESS 1226 Rialto Bldg. K.C. Mo.
22c. DATE SIGNED 7-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7/19/57
23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C.Mo.
25. DATE RECD. BY LOCAL REG. 7-18-57
26. REGISTRAR'S SIGNATURE Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Charles S. Cooper USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. C. Gibson

Licensed Embalmer No. 4137

P. O. Address TPC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.