

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028554

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Missouri City</u> <u>6000</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>North Kansas City Memorial Hosp</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>RT-1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle Last <u>Cooper</u>			4. DATE OF DEATH Month <u>8</u> Day <u>20</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-7-1874</u>		9. AGE (In years, last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>BRAYMER, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Geo. Blevins</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Cooper</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>M. Lewis Hamilton</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Peritonitis</u> DUE TO (b) <u>Rupture of Gallbladder</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Lymphatic Leukemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Aug 1958</u> , to <u>Aug 20, 1958</u> and last saw her alive on <u>Aug 20, 1958</u> Death occurred at <u>North KC Memorial Hosp</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John M. Williams</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>325 Main Liberty Mo.</u>		22c. DATE SIGNED <u>Aug 20, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIR HAVEN Cem.</u>		23d. LOCATION (City, town or county) (State) <u>Norborn Mo.</u>
24. FUNERAL DIRECTOR <u>D.W. Newcomer, M.K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>8-20-58</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Judgens</u>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



SEP 2 1958

### 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 Glenn D. Hill .....

Licensed Embalmer No. 4586 .....

P. O. Address Kansas City, 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.