

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032604

STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4255

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp</i>		Length of stay in lb <i>7 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>731 Holmes</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>HARRY E COOPER</i>			4. DATE OF DEATH Month Day Year <i>9-4-1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>2-9-1923</i>	9. AGE (In years last birthday) <i>35</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>	10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (City and state or country) <i>No. Carolina</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>J. C. Cooper</i>	13b. MOTHER'S MAIDEN NAME <i>Amelia M Knight</i>	14. NAME OF HUSBAND OR WIFE <i></i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>243-14-6633</i>	17. INFORMANT <i>Amelia Cooper</i>	Address <i>Landis No. Cal.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hemorrhage +</i>		INTERVAL BETWEEN ONSET AND DEATH <i>69838</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hemorrhage into Right ventricle and</i> DUE TO (c) <i>into Rt cerebral hemisphere</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Was struck on head</i>
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20c. TIME OF INJURY Hour a.m. p.m. <i>7-29-58</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Produce Bar</i>	20e. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i>	STATE <i>Mo</i>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deduce or title) <i>D. C. Koehler, Embalmer</i>	22b. ADDRESS <i>6627 Market St. Mo</i>	22c. DATE SIGNED <i>9-5-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>9-6-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mc Washington</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
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24. FUNERAL DIRECTOR <i>Kassartino Bros KC Mo</i>	ADDRESS <i></i>	25. DATE RECD. BY LOCAL REG. <i>9-6-58</i>	26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Geo. C. Kealhofer

All diseases in Part I must be causally related.

MAR 3 1959



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 *Severid Panartino* .....

Licensed Embalmer No. *4554* .....

P. O. Address *KC 716* .....

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.