

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044036

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 149 Primary Registration District No. 1009 Registrar's No. 5933

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7227 Pennsylvania		Length of stay in 1b 18 years	d. STREET ADDRESS (If outside, give location) 7227 Pennsylvania		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KATHLEEN Middle ELIZABETH Last COCKRELL			4. DATE OF DEATH Month December Day 15 Year 1958		
5. SEX Female	6. COLOR OR RACE Cauc	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 18, 1860	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Danby, Vermont		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Patrick Michael Cunningham		13b. MOTHER'S MAIDEN NAME Beatrice Iago		14. NAME OF HUSBAND OR WIFE James F. Cockrell (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. NONE	17. INFORMANT Mrs. Grace House, 7227 Pennsylvania, 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) Cardiac decompensation					INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease					years
DUE TO (c) Fractured Rt. Collar					Oct 20 1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42 yd F					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Fall on getting out of bed		
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION 7227 Penn. Jackson MO	
21. I attended the deceased from Oct 20-58 to Nov 15-58 and last saw her/him alive on Nov 14-58 Death occurred at 3:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John T. Skinner MD (Degree or title)			22b. ADDRESS 1102 Penn 75. CMO		22c. DATE SIGNED 12-16-58
23a. BURIAL CREMATION, (REMOVE & Specify) Burial		23b. DATE Dec 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Liberty, Missouri
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 12-16-58	26. REGISTRAR'S SIGNATURE Neva Marshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John T. Skinner

All diseases in Part I must be causally related.

Dr. J. C. S. ...
BYMANT BLDG
VI 2-7010

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 *P. E. Nichols*

Licensed Embalmer No. *4997* ..
P. O. Address *H. C. M.* ..

**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.**

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