

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001252

STATE FILE NUMBER

FILED FEB 5 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) 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 V A HOSPITAL		Length of stay in lb 36 years	d. STREET ADDRESS (If outside, give location) 2951 PASEO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES B. COOK			4. DATE OF DEATH Month Day Year January 15, 1959
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH October 11, 1921 37
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Porter	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Porter		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James A. Cook		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and dates of service) Yes WWII		16. SOCIAL SECURITY NO. 496 16 8370	17. INFORMANT Address VA Hospital Official Records, 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) Atelectasis of lungs; edema, advanced, left lung			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Previous segmental lung resection, for tuberculosis			
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 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from: April 15, 1958 to January 15, 1959 and last saw her alive on _____ Death occurred at: 3:00 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Williams J. WILLIAMS, M.D.		(Degree or title)	22b. ADDRESS VA Hospital, Kansas City, Mo.
			22c. DATE SIGNED 1-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-19-1959	23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Mrs. Neek's Mortuary, K. J. Mo.		25. DATE RECD. BY LOCAL REG. 1-19-59	26. REGISTRAR'S SIGNATURE never minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases 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 *Willard B. Paskin* .....

Licensed Embalmer No. *5013* .....

P. O. Address *S. C. 770* .....

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.