

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001255

STATE FILE NUMBER 245

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 245

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 OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		g. 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 ST. JOSEPH'S HOSP. Length of stay in 1b 45 YRS.		d. STREET ADDRESS (If outside, give location) 2247 EAST 69 <sup>th</sup> ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last JAWN THOMAS COOPER			4. DATE OF DEATH Month Day Year JAN. 12-1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 17-1897
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY MOFFITT REAL ESTATE	11. BIRTHPLACE (City and state or country) STOCKTON, KANS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN MILLS	
13b. MOTHER'S MAIDEN NAME OLIVE M <sup>rs</sup> NEECE		14. NAME OF HUSBAND OR WIFE HARRIS G. COOPER	
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. 490-34-0002	17. INFORMANT MRS. ROBERT WHITE - KANSAS CITY, MO. Address 8237 VIRGINIA AVE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA LEFT KIDNEY			INTERVAL BETWEEN ONSET AND DEATH 3 MOS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but unrelated to the terminal disease condition given in PART I (a) UREMIA & ATROPHIC RIGHT KIDNEY			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Death occurred at 4-6-59 to 1-12-59 and last saw her alive on 1-12-59		12:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B. C. Quistgard M.D.		22b. ADDRESS 6241 Prospect Bldg	22c. DATE SIGNED 1-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 14-1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY		23e. (State) MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMERS 1331 BRUSH AVE. SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-15-59	26. REGISTRAR'S SIGNATURE New Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 P. C. Quistgard  
 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 

Licensed Embalmer No. 3035.....

P. O. Address at C.A......

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.