

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004868

STATE FILE NUMBER

FILED MAR 12 1959

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City <u>5008</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.K.C. Memorial		Length of stay in lb 30 Yrs.	d. STREET ADDRESS (If outside, give location) 33 W. 38th North Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle T. Last Cooper			4. DATE OF DEATH Month March Day 1 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired) Manager Food Store	10b. KIND OF BUSINESS OR INDUSTRY Food Store	11. BIRTHPLACE (City and state or country) Monticello, Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Fred Cooper	13b. MOTHER'S MAIDEN NAME Frances Back	14. NAME OF HUSBAND OR WIFE Imo Cooper
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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) NO	16. SOCIAL SECURITY NO. 495-05-7130	17. INFORMANT Charles T. Cooper, Jr. Address _____
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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) Infarct, Pons, Brain		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombosis cerebellar pontine artery	1 1/2 hours
	DUE TO (c) Hypertensive + arteriosclerotic disease	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephropexis with pyelonephritis, left Kidney		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.) 443x
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Liberty, COUNTY Missouri STATE Missouri
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21. I attended the deceased from March 1, 1959 to March 1, 1959 and last saw her alive on March 1, 1959 Death occurred at 4:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) S. Comer Bates, M.D.	22b. ADDRESS 2730 South Main, Antioch, Kansas City 16, Missouri	DATE SIGNED 3/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) (State) Liberty, Missouri
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24. FUNERAL DIRECTOR Stine & McClure ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 3-2-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

~~847-3224~~
Pl. 3-3600
Antioch Center
12:30 p.m.



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 *Erms. D. Triplett*

Licensed Embalmer No. *4817*

P. O. Address *K.C., 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.