

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 REGISTRATION DISTRICT NO. 149 PRIMARY REGISTRATION DISTRICT NO. 1002 REGISTRAR'S NO. 771 STATE FILE NUMBER 61-005294

AMENDED **FILED VS MAR 1 1961**

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 50 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4029 MCGEE STREET Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ARTHUR Middle B. Last COOK 4. DATE OF DEATH Month FEBRUARY Day 13 Year 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/22/1892 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner Cook's Dining Rooms 11. BIRTHPLACE (City and state or country) Muncie, Ohio 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME JOHN COOK 13b. MOTHER'S MAIDEN NAME ALICE GRUNDON 14. NAME OF HUSBAND OR WIFE Grace M. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Grace M. Cook 4029 MCGEE STREET KANSAS CITY, 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) Shock & Pulmonary Failure INTERVAL BETWEEN ONSET AND DEATH 2 days -
 DUE TO (b) Extensive Bronchial Carcinoma rt-Lung. 2 1/4 Years.
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Diabetes Mellitus 3) Gastric Ulcer. 2) Arteriosclerotic Heart Disease. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 17 Jan 1961 to 13 Feb. 1961 and last saw him alive on 12 Feb. 1961
 Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip G. Kaul M.D. 22b. ADDRESS 411 Nichols Rd. 22c. DATE SIGNED 2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 15, 1961 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY MO. 25. DATE RECD. BY LOCAL REG. 2-14-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
 INSTEAD OF
 ITEM NO.
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Philip G. Kaul

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 Orlino M. Kungu

Licensed Embalmer No. 3566

P. O. Address J. C. M. O.

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.