

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043850

6333

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6333

FILED DEC 11 1963

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| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| a. COUNTY Jackson | | b. STATE Mo. | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 8 Yrs. | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Med. Ct. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3532 Agnes | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First Ira Middle Lee Last Cook | | | Month November Day 21 Year 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-15-01 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY Janitorial | | 11. BIRTHPLACE (City and state or country) Cherokee Co., Texas | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | | | | |
| 13a. FATHER'S NAME Richard Cook | | 13b. MOTHER'S MAIDEN NAME Malisa Sanders | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | | 17. INFORMANT Address George Cook 3532 Agnes | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: -IMMEDIATE CAUSE (a) Multiple myeloma with uremia | | | | | 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) _____ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 a.m. p.m. Month, Day, Year | | | | | |
| 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 11-7-63 to 11-21-63 and last saw her alive on 11-21-63 Death occurred at 2:50 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE  (Degree or title) | | | 22b. ADDRESS 2400 Cherry | | 22c. DATE SIGNED 11-22-63 |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-26-63 | 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| 24. FUNERAL DIRECTOR Stevens-Manlove-Drake 2315 Linwood | | | 25. DATE RECD. BY LOCAL REG. 11-22-63 | 26. REGISTRAR'S SIGNATURE  | |

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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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 *J. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 3712 E 30th

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.