

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40412

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHVILLE</u>	c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>KANSAS CITY NORTH</u>	d. Is Residence within limits of a city or incorporated town? No <u>928</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITHVILLE, HOSP</u>		STREET ADDRESS (If rural, give location) <u>3510 N. MONTEREY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DIXON</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>COOLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 17 1954</u>
--	------------------------	-------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER</u>	8. DATE OF BIRTH <u>JULY 17, 1938</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT NORTH KANSAS CITY SCHOOL</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? _____
---	---	---	------------------------------------

13a. FATHER'S NAME <u>HERBERT COOLEY</u>	13b. MOTHER'S MAIDEN NAME <u>RUBY BLAIN</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT COOLEY</u>	ADDRESS <u>3510 N. MONTEREY</u>
--	-------------------------------------	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest, head injuries,</u>		
	ANTECEDENT CAUSES : DUE TO (b) <u>extensive spurs lower extremities</u> DUE TO (c) <u>Motorcycle, truck & Car Collision</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E8151</u> <u>260</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1. RD</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. Tate M.D. Coroner</u>	23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>12/18/54</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLAIN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DRICK MO</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-19-54</u>	REGISTRAR'S SIGNATURE <u>Marguerite Ludwig</u>	494	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Helms</u>	ADDRESS <u>M. K. C. Mo.</u>
--	--	-----	--	-----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Glenn A. Hill*.....

Licensed Embalmer No. *458*

P. O. Address *K.C. 16*

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.