

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 80

Registrar's No.

FILED APR 23 1943

Registration District No. 37

Primary Registration District No. 4093

1900

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town East Lyme, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town East Lyme  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME EDWARD F. COOK

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11  
year 1943 hour 8 minute 30 a.m.

4. Sex M 5. Color or race wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 8 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1943 to April 11, 1943 that last saw her alive on April 10, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 7 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Cerebral Hemorrhage

Due to Arterial Sclerosis + Hypertension

Due to \_\_\_\_\_

9. Birthplace Murrayville, Ill.  
(City, town, or county) (State or foreign country)

Other conditions   
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer (retired)

11. Industry or business Lumber man

Major findings:   
Of operations

Of autopsy

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Thomas H. Cook

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Francis

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mrs. Paul Boydston

(b) Address East Lyme, Mo.

17. (a) Burial (b) Date thereof Apr. 12-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo.

18. (a) Signature of funeral director G. W. Nartzlin

(b) Address East Lyme, Mo.

19. (a) April 19, 1943 (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. M. West (M. D. or other) MD

Address Harrisonville Mo Date signed 4/12

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed *A. W. Hatzler*  
Licensed Embalmer No. 2717  
P. O. Address East Lyme, 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 this body is not embalmed, above space should be left blank.