

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

30096

Do not use this space.

**FILED OCT 11 1946**

1. PLACE OF DEATH

(a) County Henry Registration District No. 137  
 (b) Township Walker Primary Registration District No. 5578 Registered No. 186  
 (c) City Montrose / (d) Street No. 5518 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM JOHN COOK JR.

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>57</u>	<u>1</u>		

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 27 1946

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1943, to Sept. 27 1946  
 I last saw him alive on Sept. 27 1946. Death is said to have occurred on the date stated above, at 1:0 P.M.  
 The principal cause of death and related causes of importance were as follows:

<u>Coronary Occlusion</u>	Date of onset <u>9-26-46</u>
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Other contributory causes of importance: mitral stenosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) D. S. Coleman M. D.  
 (Address) Adrian, Mo. Sept. 29, 1946

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Joseph H. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Emker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Clara Cook (ADDRESS) Montrose, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Oct 1 1946

19. FUNERAL DIRECTOR (NAME) Welling Bros (ADDRESS) Montrose, Mo

20. FILED 10-2-46 19 P. B. Kenney Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28931

RECEIVED

DATE OF DEATH 10, 7,

1946-1017

DATE OF EMBALMING 10-9-46

**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, \_\_\_\_\_

*on the 27<sup>th</sup> day of Sept-1946*, or by \_\_\_\_\_

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

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Appleton City, Wis.*

**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.**