No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44330

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: St. John Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ days (Specify whether years, months or days)
In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 113 St. Charles
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GIDEON SIDWELL COOK
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: W.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 19, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	22	hr. min.

9. Birthplace: Greenville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: retired
11. Industry or business:
FATHER
12. Name: no record
13. Birthplace: " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: " "
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Jack Cook
(b) Address: 113 St. Charles, Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Oklahoma City, Okla.
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 12-12-47 (Date received local registrar) (b) Ed D. James M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 11 year: 1947 hour: 19 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Dec. 9, 1947, to Dec. 11, 1947, that I last saw alive on Dec. 11, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Coronary disease	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E E Coats (M. D. or other)
Address: Joplin Mo Date signed 11-12-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1071

FEB 4

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, fact should be so stated above.

. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7 N

Registration District No. 156 Primary Registration District No. 204 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gideon S. Cook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 19 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12-12-47 (Date received local registrar) (b) Dolores Lamphins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-44330