

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11402
Registrar's No. 13

Registration District No. _____ Primary Registration District No. 5031

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

1. PLACE OF DEATH:
(a) County ANDRAIN
(b) City or town CHIVRE TWP RURAL
(c) Name of hospital or institution: 1 1/2 MILES N.W. of FARKER
(d) Length of stay: In hospital or institution 9 YEARS
In this community 9 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ANDRAIN
(c) City or town CHIVRE TWP RURAL
(d) Street No. 1 1/2 N.W. MILES of FARKER
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Thomas DeCamp Cook
(b) If veteran, name war _____ (c) Social Security No. NONE

20. DATE OF DEATH: Month MAY day 8 year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 1943 to May 18 1948
that I last saw him alive on May 18 1948
and that death occurred on the date and hour stated above.

4. Sex MALE color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife FLORENCE MAIDEY COOK
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct 2 1869

Immediate cause of death Heart block
Duration _____

8. AGE: Years 78 Months 7 Days 6

Due to His left side had been paralyzed for 5 years
Due to Hypertension

9. Birthplace Pike County Missouri

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 950

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Cook

13. Birthplace Kentucky

14. Maiden name Mary Jane Spencer

15. Birthplace Frankford Missouri

16. (a) Informant Mrs. Thomas W. Cook
(b) Address Farker Mo.

17. (a) Burial (b) Date thereof May 10 1948
(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia Missouri
19. (a) May 10 1948 (b) D. Malle Suqua

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature W. B. McCall (M. D. another)
Address Waddons Mo Date signed 6-8-48

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

RECEIVED
District Health Officer No. 10
District File Number S. 48.877
Date MAY 13 1948

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 William B. Hattus
Licensed Embalmer No. 4169
P. O. Address Vandalia 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.