. 300
10-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 9 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25343

Primary Registration District No. 5004

Registrar's No. 255

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Novinger, R. R. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

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

(d) Street No.: R. R. #1 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Ira L. Cook

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Lulu May Bragg

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: May (Month) 29 (Day) 1879 (Year)

8. AGE: Years 69 Months 2 Days 29 If less than one day: hr. min.

9. Birthplace: Adair County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Rice Cook

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

MOTHER 14. Maiden name: Liticia Mooreland

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

16. (a) Informant: Mrs. Lulu Cook

(b) Address: Novinger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Temple Cmt.

18. (a) Signature of funeral director: Dee Riley Funeral Home

(b) Address: Kirksville, Missouri

19. (a) 9-3-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 28 year: 1948 hour: 11:00 minute: A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1948, to Aug 28, 1948, that I last saw him alive on Aug 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration: 2 Weeks

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: 94%

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? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: C. L. Martin (M. D. or other)

Address: Kirksville Mo Date signed: 9/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 9-48-1
Date Filed SEP 7 - 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 D. R. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.