

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1082

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5518 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Rural Walker Twp</u>		c. CITY OR TOWN <u>Rural Walker Twp</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi North of Montrose</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi North of Montrose</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi North of Montrose</u>	

3. NAME OF DECEASED (Type or Print) <u>Theresa Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 31-1949</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 21-1865</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
----------------------	-------------------------------	---	-------------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
--	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>Phillip Geoble</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Feik</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph J. Cook</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Hayback</u> ADDRESS <u>Montrose Mo</u>		
--	--	-------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ch. myocardosis</u>				?
		ANTECEDENT CAUSES				
		DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____				?
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 7 1949</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	--	----------------------------

22. I hereby certify that I attended the deceased from June 17, 1946, to Jan 23, 1949; that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W E Baggery MD</u>		23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>2-1-49</u>
--	--	---------------------------------	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cem Montrose Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Feb-1-49</u>	REGISTRAR'S SIGNATURE <u>R R Kenney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schuman & Pruning</u> ADDRESS <u>Pluto Mo</u>
--	---	---

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

RECEIVED

District Health Officer No. 7,

District File Number 1-49-29

Date Filed 2-7-49

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

R L Dunning

Student Embalmer No. 3682

working under my personal supervision.

Signed

R L Dunning
Student Embalmer

Signed

J R Houser
Licensed Embalmer No. 3682
P. O. Address Calloun Md

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.