

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5508 State File No. 12174

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 117	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Henry		b. CITY OR TOWN Rural Depueville Twp 8		a. STATE Missouri		b. COUNTY Henry 42	
b. CITY OR TOWN Rural Depueville Twp 8		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Rural Depueville Twp 8		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi N of W of Montrose		d. STREET ADDRESS 5 Mi N of W of Montrose		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Joseph		b. (Middle) J		c. (Last) Cook		5-2-1949	
5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 12-16-1858	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY BY 1939 U.S.		13a. FATHER'S NAME Joseph Cook Sr.		13b. MOTHER'S MAIDEN NAME Anna Reiling Thomas Cook		14. NAME OF HUSBAND OR WIFE Thomas Cook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Sam Cook		ADDRESS Montrose Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis				1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hematuria						4500	
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) 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 Apr 22, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. E. [Signature] M.D.				23b. ADDRESS Montrose Mo		23c. DATE SIGNED 5-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-1949		24c. NAME OF CEMETERY OR CREMATORY Cementation Mo		24d. LOCATION (City, town, or county) (State) Montrose Mo	
DATE REC'D BY LOCAL REG. 5-5-49		REGISTRAR'S SIGNATURE Florence Adair 422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lickman & Jennings Clinton Mo			

42001
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____

District File Number 4-49-5

Date Filed 5-9-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. R. Housley
Licensed Embalmer No. 3682

P. O. Address Calhoun 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.