

FILED NOV 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37921

61
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4311 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Callao</u>	c. LENGTH OF STAY (in this place) <u>-</u>	c. CITY OR TOWN <u>Callao</u>	61
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>06th</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Laura</u>	b. (Middle) <u>slavis</u>	c. (Last) <u>Cook</u>	(Month) <u>11-</u>	(Day) <u>3-</u>	(Year) <u>49</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-17-62</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. Callao Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John G. Gentle</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy G. Matt</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. W. Cook</u>	ADDRESS <u>Callao Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Hypertensive Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Paralysis Agetans 15 yrs</u> <u>Peptic Ulcers 3 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>350X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1938, 19___, to 1949, 19___, that I last saw the deceased alive on 11/15, 1949 and that death occurred at 8.6 p. m., from the cause and on the date stated above.

23a. SIGNATURE <u>R. L. Purkin, D.O.</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>11/9/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louise Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>11-12-49 Josephine King</u>	REG. NO. <u>397</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Edwards</u>	ADDRESS <u>Berwin Mo</u>
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RECEIVED 11/15/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 11/49/23
Date Filed 11/15/49

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.

Signed *J. G. Edwards*

Signed
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Devies 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.