No. 300
10.48

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

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11574

State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~305 Emerson St~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 1971
d. STREET ADDRESS (If rural, give location): 305 Emerson St

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): —
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): 3 — 12 — 1950

5. SEX: Male
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-22-79
9. AGE (In years last birthday): 70 — If under 1 year: Months 6 Days 22 — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Saline Co 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Cook
13b. MOTHER'S MAIDEN NAME: Mary Hall
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Gertie Cook — **ADDRESS**: Slater Mo

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased from~~* made investigation March 13, 1950, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Lawless (Degree or title): Coroner Saline Co.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 3-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-15-50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Slater Mo

DATE REC'D BY LOCAL REG.: 3/15/50
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE: Hill Bros. **ADDRESS**: Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 20
District Health Officer No. 3,
District File Number
Date Filed 3-24-50

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 Sam M Hill

Signed _____
Student Embalmer

Licensed Embalmer No. 1292

P. O. Address Slater 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.