No. 300
10.48

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30888

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 118

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

**1. PLACE OF DEATH**
a. COUNTY: Johnson.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg.
c. LENGTH OF STAY (in this place): 1 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg. Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouril
b. COUNTY: Johnson.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chilhowee. 0510
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lettie
b. (Middle): Mae
c. (Last): Cook.

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 23, 1950.

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: 17, Dec. 1883
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): house keeper
**10b. KIND OF BUSINESS OR INDUSTRY**: home.
**11. BIRTHPLACE** (State or foreign country): Cooper Co. MO.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John W. Lewis.
**13b. MOTHER'S MAIDEN NAME**: Sarah Jane Spillers.
**14. NAME OF HUSBAND OR WIFE**: O. L. 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.**: no
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: J. W. Cook. Chilhowee. MO.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic heart disease — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* — 4200

**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* Dec 1, 1949, *to* AM Sept 23 1950, *that I last saw the deceased alive on* Sept 22, 1950, *and that death occurred at* 12:30 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Reed Maxson M.D.
**23b. ADDRESS**: 122 E Market Warrensburg
**23c. DATE SIGNED**: Sept 25 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 24, Sept. 1950.
**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Hill
**24d. LOCATION** (City, town, or county) (State): Warrensburg. MO.

**DATE REC'D BY LOCAL REG.**: Sept. 25, 1950
**REGISTRAR'S SIGNATURE**: Savannah Cretchfield 147
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Sweeney Phillips. Warrensburg. MO.

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1951

OCT 13 1950

RECEIVED
SEP 3 1950
JOHNSON COUNTY HEALTH DEPT.

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 R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, M

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.