

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21028  
Registrar's No. 156

FILED JUL 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>156</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>703 Franklin St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Emp. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>703 Franklin St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH FRED</u>			b. (Middle) <u>COOK</u>		c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3<sup>rd</sup> 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 16<sup>th</sup> 1886</u>	9. AGE (in years last birthday) <u>64</u>	if UNDER 1 YEAR: Months <u>10</u> Days <u>17</u>	if UNDER 10 HRS. Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>CHRISTOPHER C. COOK</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH A. CURTIS</u>		14. NAME OF HUSBAND OR WIFE <u>Gora</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-9346</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. F Cook</u> ADDRESS <u>Moberly Mo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER of TRANSVERSE COLON</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>0</u> DUE TO (c) <u>0</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
19a. DATE OF OPERATION <u>Mo 27 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Transverse Colon</u>				19c. <u>153X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <u>Nov 2, 1949</u> , to <u>July 3, 1951</u> , that I last saw the deceased alive on <u>July 3, 1951</u> , and that death occurred at <u>1:30 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Henry K Baker M.D.</u> (Degree or title)				23b. ADDRESS <u>Wabash Employees Hosp Moberly Mo</u>		23c. DATE SIGNED <u>July 5<sup>th</sup> 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Hiabee Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 5-51</u>		REGISTRAR'S SIGNATURE <u>Leah Suecane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son Moberly Mo</u> ADDRESS				

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

0883  
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AUG 7 1951

Date Received: JUL 7 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-1235'  
Date Filed: JUL 7 1951

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. 1

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank D. G. Keith

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.