V.S. No. 300
Rev. 10.48

0013

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 88 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 10 Mile 0610
d. STREET ADDRESS (If rural, give location): R.F.D. #1. Anabel

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

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June, 11, 1881
9. AGE (In years last birthday): 70 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ____
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lewis Cook
13b. MOTHER'S MAIDEN NAME: Sarah Foreman
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Loraine Berger — **ADDRESS**: Macon 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): Chronic nephritis with uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile dementia
Fracture neck right femur — 10-11-1951

19a. DATE OF OPERATION: 10-22-51
19b. MAJOR FINDINGS OF OPERATION: Stabilization fracture neck right femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Anabel Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 11 51 9A.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell from hay loft 592XF

22. *I hereby certify that I attended the deceased from* 10-12-51, 19____, *to* 1-7-52, 19____, *that I last saw the deceased alive on* 1-6-52, 19____, *and that death occurred at* 2:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Laughlin Jr. (Degree or title): D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: 10 Mile Baptist
24d. LOCATION (City, town, or county) (State): R.F.D. Macon, Mo.

DATE REC'D BY LOCAL REG.: 1-14-52
REGISTRAR'S SIGNATURE: Tate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Stephens & Goodding, Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles L. Hutton

Signed.....
Student Embalmer

Licensed Embalmer No. 45-77

P. O. Address Macon, 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.