

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23532

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5672 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn (West Side)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn (West side)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0540</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) _____ c. (Last) <u>COOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 11 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 12 1954</u>
9. AGE (In years last birthday) <u>90</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>3 29</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Fred Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Heisemeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Deceaseds, Blackburn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ted Johns Blackburn, 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>cardio vascular renal disease</u>  ANTECEDENT CAUSES DUE TO (b) <u>arterial sclerosis generalized</u> DUE TO (c) <u>gangrene of left leg.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1501</u>	20. AUTOPSY? YES <input 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>1947</u> , to <u>July 11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 11</u> , 19 <u>54</u> , and that death occurred at <u>10:40P</u> m., from the causes and on the date stated above.			
23. SIGNATURE <u>Jordan Kelling M.D.</u>		23b. ADDRESS <u>Waverly, Missouri</u>	23c. DATE SIGNED <u>7/14/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blackburn Missouri</u>
DATE REC'D BY LOCAL REG. <u>July 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. J. Hader</u>	ADDRESS <u>Higginsville, Mo.</u>

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Roy F. Weger

Licensed Embalmer No. 2883

P. O. Address 199 1/2 Mill St

**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.