

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33026

State File No. \_\_\_\_\_

FILED OCT 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>	c. LENGTH OF STAY (In this place) <u>13 days</u>	c. CITY OR TOWN <u>Craig</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2440</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Belle</u> c. (Last) <u>Cook</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 10, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, 1871</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months _____ Days _____	10. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Coin, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Nash</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelle Austin</u>	14. NAME OF HUSBAND OR WIFE <u>William Henry Cook</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Edna Ward - Forest City, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>332x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 1, 1956 to Oct 10, 1956, that I last saw the deceased alive on Oct 10, 1956, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Issac F. Sweeney M.D.</u>	23b. ADDRESS <u>Oregon, Mo.</u>	23c. DATE SIGNED <u>10-13-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial &amp; removal</u>	24b. DATE <u>10/12/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>V.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 16, 1956</u>	REGISTRAR'S SIGNATURE <u>Therwin W. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wilbur L. Schaefer - Craig, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Myself....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wilber L. Scholes

Licensed Embalmer No. 399

P. O. Address Craig, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.