

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10091

State File No. \_\_\_\_\_  
Registrar's No. 2769

FILED APR 12 1957

BIRTH CO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. CO. 1003		Registrar's No. 2769	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. In 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 01 1722 So. 10th St.				e. STREET ADDRESS (If rural, give location) 734 1722 So. 10th St.			
3. NAME OF DECEASED a. (First) Sarah (Type or Print)			b. (Middle) E,		c. (Last) Cook		4. DATE OF DEATH (Month) (Day) (Year) 3/20/1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10/11/1874	9. AGE (In years less birthday) 82	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 60 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Josep McGlothlin			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE David J. 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Radford Huzzah, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  420.0					INTERVAL BETWEEN ONSET AND DEATH 1 Mo
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____		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>MAR 1</u> , 19 <u>57</u> , to <u>MAR 20</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>57</u> , and that death occurred at <u>1:35a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Mc Ginnis M. D.</u> (Degree or title)				23b. ADDRESS <u>16 HAMPTON VILLAGE PL</u>		23c. DATE SIGNED <u>3/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/23/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steelville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 21 57</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith md</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schnur</u>		ADDRESS <u>3125 Lafayette Ave.</u>	

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

S8

**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.....  
Signature of Student Embalmer

Signed.....  
*Thomas R. Penwick*

Licensed Embalmer No. 3793

P. O. Address 3/25 C. L. L. Ave

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.