No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

1973

FILED FEB 7 1958

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 38

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Samaritan Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN: Macon
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
[X] STREET ADDRESS (If rural, give location): 901 Jackson Street 0611 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): IVA
b. (Middle): STEWART
c. (Last): COOK

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 18, 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2/16/1895
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR Months: 1 Days: 2 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dry cleaning
10b. KIND OF BUSINESS OR INDUSTRY: tailor
11. BIRTHPLACE (City and State or Foreign Country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Francis S. Stewart
13b. MOTHER'S MAIDEN NAME: Malinda A. Waggner
14. NAME OF HUSBAND OR WIFE: Frank M. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eldon Cook, Macon, Missouri — ADDRESS:

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few hrs

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.* Diabetes Mellitus, Hypertension — Sev yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? 2 YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1956, *to* 1-18, 1958, *that I last saw the deceased alive on* 1-18, 1958, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard Miller MD (Degree or title)
23b. ADDRESS: Macon
23c. DATE SIGNED: 1/21/58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/21/1958
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): Macon, Mo

DATE REC'D BY LOCAL REG.: 2/1/58
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: R. Lester Brown — ADDRESS: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File No. 268.15

Date Filed 26-58

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 447

P. O. Address Marion, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.