

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-026588

FILED JUL 23 1958

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 161

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Bee Branch Sup.</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>10 miles So. of New Cambria</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>EDGAR</u>	
c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 9, 1884</u>
9. AGE (If years last birthday) <u>74</u>		10. UNDER 1 YEAR OF UNDER 12 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Chariton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Cordon Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Grammer</u>	
14. NAME OF HUSBAND OR WIFE <u>_____</u>		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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Cook, New Cambria, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>	
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>6-15</u> , 1957, to <u>7-16</u> , 1958, that I last saw the deceased alive on <u>7-16</u> , 1958, and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>A. Noel Rain D.O.</u>		23b. ADDRESS <u>Moberly Mo</u>	
23c. DATE SIGNED <u>7-17-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 16, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rice Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Hilleland New Cambria Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-18-58</u>		REGISTRAR'S SIGNATURE <u>_____</u>	

JUL 25 1958

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.

Signed _____
Student Embalmer

Signed *H. J. Gulliland*

Licensed Embalmer No. *4019*

P. O. Address *New Cambria Md.*

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.