

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033361

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 56-42 Registrar's No. 65-

**FILED OCT 7 1958**

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Waverly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>		Length of stay in lb <u>56 years</u>	d. STREET ADDRESS (If outside, give location) <u>5640</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Orphus David Cook</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 8, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Corp of Engineers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Corp Eng.</u>	11. BIRTHPLACE (City and state or country) <u>Abilene, Kansas</u>
13a. FATHER'S NAME <u>Willis Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Longbrake</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ethel Cook</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>496-24-6703</u>	17. INFORMANT Address <u>Mary Ethel Cook, Waverly, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia, chronic</u> DUE TO (b) <u>glomerulonephritis, chronic</u> DUE TO (c) <u>592X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>about 2 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <u>1952 or 1953</u> to <u>9-28-58</u> and last saw him alive on <u>9-28-58</u> Death occurred at <u>10:30</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jordan Kelling M.D.</u>		22b. ADDRESS <u>Waverly, Missouri</u>	22c. DATE SIGNED <u>9-29-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-30-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Waverly, Mo.</u>
24. FUNERAL DIRECTOR <u>Bailey Funeral Home, Waverly, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 30. 58</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Student ..... Signature of Student Embalmer

Signed *Ben W. Gibson* .....

Licensed Embalmer No. *2961* .....

P. O. Address *Carrollton* .....

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.