THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010009
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY LAFAYETTE
c. CITY OR TOWN Higginsville — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) WEST 24 TERR. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ELMER Middle: JOSEPH Last: COOK
4. DATE OF DEATH Month: MAR. Day: 4 Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: OCT 19 1884
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): KING CITY MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WALTER COOK
14. MOTHER'S MAIDEN NAME: MARY KEMP
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Louis Pankenbring — Address: Higginsville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ACV Disease — 1/15.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4261
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/7/58, to 3/4/59 and last saw him alive on 3/4/59
Death occurred at 2:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Robert B. Best, M.D.
22b. ADDRESS: Higginsville Mo.
22c. DATE SIGNED: 3/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR 7-1959
23c. NAME OF CEMETERY OR CREMATORY: KING CITY CEMETERY
23d. LOCATION (City, town, or county) (State): KING CITY MISSOURI
24. FUNERAL DIRECTOR: Roy A Wiegers — ADDRESS: Higginsville Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 12. 59
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert B. Best M.D.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy F. Wiegers

Licensed Embalmer No 28

P. O. Address Higgins

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