URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 046613
STATE FILE NUMBER

FILED VS DEC 17 1959 366

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 91

ENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Washington
c. CITY OR TOWN Potosi — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 903 Stone St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First James Middle Albert Last Cooksey

4. DATE OF DEATH Month Dec. Day 9, Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-10-1882
9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dock Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BONNETERRE MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Valentine Cooksey
13b. MOTHER'S MAIDEN NAME Mary Parmer
14. NAME OF HUSBAND OR WIFE Rose May Cooksey

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. 499-12-4636
17. INFORMANT Rose May Cooksey, Address 903 Stone St Potosi, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) LEFT VENTRICULAR HEART FAILURE
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Dec. 7, 1959, to Dec. 9, 1959 and last saw him alive on Dec. 9, 1959
Death occurred at 11:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Lake, D.O.
22b. ADDRESS Potosi, Missouri
22c. DATE SIGNED Dec. 10, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-12-1959
23c. NAME OF CEMETERY OR CREMATORY Sunset Hills
23d. LOCATION (City, town, or county) Potosi (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Bert L. Boyer, Leadwood, Mo.
25. DATE RECD. BY LOCAL REG. 12/10/59
26. REGISTRAR'S SIGNATURE Helen K. Enday

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3441

P. O. Address Leadwood

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