RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

4752 -60-038320
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5162

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colo b. COUNTY Otero Otero
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 38 days	c. CITY OR TOWN LaJuanita — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital — Inside Limits Yes X No	d. STREET ADDRESS (If outside, give location) 705 Edison Avenue — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First MAUDE	Middle R.	Last COOK	4. DATE OF DEATH	Month October Day 12 Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married Never Married Widowed X Divorced	8. DATE OF BIRTH 2/9/1892	9. AGE (last birthday) 68	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Hobart, Colo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Frank Bonnell	13b. MOTHER'S MAIDEN NAME Anna Zans	14. NAME OF HUSBAND OR WIFE Geo. J. Cook (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs. JuleVeda Van Golden Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Infarction Brain Stem with

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Softening of the Cerebrellum

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Old Myocardial Infarction

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Three Car Collision

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-1060

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.) Highway 40

20f. CITY, TOWN, OR LOCATION COUNTY STATE Jackson Mo

21. I attended the deceased from _____, to _____ and last saw her him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Corner

22b. ADDRESS 152 Mission Station

22c. DATE SIGNED 10-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10/14/60

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) LaJunita, Colo.

24. FUNERAL DIRECTOR ADDRESS Stine & McClure Funeral Home, Kansas City, Missouri.

25. DATE RECD. BY LOCAL REG. 10-14-60

26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William M. Tu

Signature of Student Embalmer

Licensed Embalmer No. 46

P. O. Address Kansas Ci

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