

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012403

STATE FILE NUMBER

Registration District No. **378** Primary Registration District No. **4552** Registrar's No. **11**

FILED VS MAR 16 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn. Grove		Length of stay in 1b	c. CITY OR TOWN Houston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Mtn. Grove Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Cook			4. DATE OF DEATH Month March Day 6 , Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Forest City, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Cook		13b. MOTHER'S MAIDEN NAME Pheba Sinclair	
14. NAME OF HUSBAND OR WIFE Evaline Embree		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Anna Kemp		Address Houston, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pertussis chronic					INTERVAL BETWEEN ONSET AND DEATH Several hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m.		Month, Day, Year _____			
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 Feb. 1-1961 to Mar. 6-1961 and last saw ^{her} him live on Mar. 5-1961 Death occurred at 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L. F. Evans M.D.			22b. ADDRESS Mtn. Grove Rest Home		22c. DATE SIGNED 3-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-8-1961	23c. NAME OF CEMETERY OR CREMATORY Pine Lawn Cemetery		23d. LOCATION (City, town, or county) (State) City limits Houston, Missouri
24. FUNERAL DIRECTOR L. F. Evans			ADDRESS Houston, Missouri		25. DATE RECD. BY LOCAL REG. 3-11-1961
26. REGISTRAR'S SIGNATURE Bernice R. Silverman					

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawell C. Corning*

Licensed Embalmer No. 4766

P. O. Address *Mt. Grove*

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.