

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027021

3809

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3809

**FILED AUG 2 1962**

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

By Affidavit of Zimmerman

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><b>2 mos.</b>   | c. CITY OR TOWN <b>Seneca</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA Hospital</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>General Delivery</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>EARL EDWARD COOK</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 23, 1962</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-12-18</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Tiff City, Mo.</b>  | 9. AGE (last birthday)<br><b>44</b><br>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.   |
| 11a. FATHER'S NAME<br><b>Larry Cook</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Maude Morgan</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Larry Cook</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Maude Morgan</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWII</b>  |   | 17. INFORMANT<br>Address<br><b>VA Hospital Records.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Diffuse metastatic carcinoma of stomach.</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>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 <u>May 26, 1962</u> to <u>July 23, 1962</u> and last saw her <u>3:00 PM</u><br>Death occurred at <u>6:05 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>Zimmerman</i> (Degree or title)  |   | 22b. ADDRESS<br><b>M. D. VA Hospital, Kansas City, Mo.</b>  | 22c. DATE SIGNED<br><b>7-23-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)  |
| <b>Removal-Burial</b>   | <b>7-23-62</b>  | <b>Seneca Cemetery</b>  | <b>Seneca, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Biddlecome Funeral Home, Seneca, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-23-62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Ruth H Long</i>  |

VS  
AUG 14 1962

**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

*B. E. Weibert*

Licensed Embalmer No. 4075

P. O. Address 3. C., Mo.

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.