

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014725

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 322 Primary Registration District No. 6260 Registrar's No. 12

FILED APR 8 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DIGGINS		c. CITY OR TOWN DIGGINS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last LAURA BELLE COOK		4. DATE OF DEATH Month Day Year 3 - 30 - 63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 28, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) WEBSTER CO., MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME MICHAEL MCNISH		13b. MOTHER'S MAIDEN NAME NIZZIE OWENS	14. NAME OF HUSBAND OR WIFE WOODIE COOK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. 397	17. INFORMANT Address WOODIE COOK DIGGINS 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) Acute Circulatory Failure DUE TO (b) Secondary Thrombosis, Old & New DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH ? ? ?
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.	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 3/30/63 10:30 AM to 3/30/63 10:30 AM and last saw her alive on 3/30/63 Death occurred at 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.P. Gill M.D. (Degree or title)		22b. ADDRESS SEYMOUR	22c. DATE SIGNED 4/1/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-3-63	23c. NAME OF CEMETERY OR CREMATORY GENTRY Cemetery	23d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.
24. FUNERAL DIRECTOR Robert Bergman		25. DATE RECD. BY LOCAL REG. 4/3-1963	26. REGISTRAR'S SIGNATURE Gilbert Jones

(Licensed Embalmer's Statement on Reverse Side)

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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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.