

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019360

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10192

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED MAY 20 1963</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Harrisonville</b> Length of stay in 1b <b>19 month</b>	
c. CITY OR TOWN <b>Holden</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Reed-Smead Nursing Home</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (if outside, give location) <b>R.F.D. Holden, Mo.</b> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>HATTIE COOK</b>	
4. DATE OF DEATH Month Day Year <b>May 12, 1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/18/1877</b>
9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>
11. BIRTHPLACE (City and state or country) <b>Strasburg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>James M. Wilmott</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Ann Miller</b>
14. NAME OF HUSBAND OR WIFE <b>John T. Cook</b>	17. INFORMANT Address <b>Mrs. W. H. McQuitty, Holden, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>XXXX</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema</b> DUE TO (b) <b>Cardiac insufficiency</b> DUE TO (c) <b>Arteriosclerosis</b> 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 <b>1962</b> to <b>May 12, 1963</b> and last saw her alive on <b>May 12, 1963</b> Death occurred at <b>2P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>A. E. Zinsch MD</b>	22b. ADDRESS <b>Harrisonville, Mo</b>
22c. DATE SIGNED <b>5/15/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5/14/1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Strasburg Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Strasburg, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Canaday &amp; Ropp, Holden, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-18-63</b>
26. REGISTRAR'S SIGNATURE <b>Ray J. Selby</b>	

USE BLACK INK OR TYPEWRITER RIBBON

10-40015  
E961 T I NCP

No Permit RJS

**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 M. R. Canaday

Licensed Embalmer No. 3434

P. O. Address Halden, 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.