MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026979
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 103

FILED JUN 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1089
2 0420
3
4 0
5 1
6
7 0
8 2
9 4221
10
11
12 93-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada
Length of stay in Ib: 3yr 8M-27d.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Henry
c. CITY OR TOWN: Montrose
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): unk
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: L. Last: Cook
4. DATE OF DEATH: Month 6 Day 19 Year 63
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-30-81
9. AGE (last birthday): 81
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): unk
10b. KIND OF BUSINESS OR INDUSTRY: unk
11. BIRTHPLACE (City and state or country): Montrose, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Cook
13b. MOTHER'S MAIDEN NAME: Mary Emker
14. NAME OF HUSBAND OR WIFE: Caroline Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records State Hospital #3 Address: Nevada Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5d.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — unk
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Brain Syndrome associated with Cerebral Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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~~ viewed the remains at 10 50 pm 6-19-63 to ~~and last saw him~~ her alive on
Death occurred at 10 30 pm 6-19-63 m on ~~the date stated above, and to the best of my knowledge, from the causes~~ stated.
22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: Nevada Mo
22c. DATE SIGNED: 6-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-22-1963
23c. NAME OF CEMETERY OR CREMATORY: St Mary's cem.
23d. LOCATION (City, town, or county) (State): Montrose Mo
24. FUNERAL DIRECTOR: Sjekman-Dunning FH ADDRESS: Clinton Mo
25. DATE RECD. BY LOCAL REG.: 6-21-1963
26. REGISTRAR'S SIGNATURE: Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1969

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_____ Signed Robert L. Dunning

Signature of Student Embalmer

Licensed Embalmer No. 4710

P. O. Address Clinton 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.