

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038721
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 378 Primary Registration District No. 388/552 Registrar's No. 4000

FILED OCT 2 1963

VS 300
Rev. 4/59

1 1141

2 0340

3

4 0

5 0

6

7 0

8 0

9 332X

10

11

12 86-2

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Grove,</u>		Length of stay in lb <u>3 Mo.</u>	c. CITY OR TOWN <u>Ava</u>		Inside Limits Year <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mt. Grove Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Ava</u>		
3. NAME OF DECEASED (Type or print) <u>Ewing Cook</u>			First	Middle	Last	
4. DATE OF DEATH <u>Sept. 21, 1963</u>			Month	Day	Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-9-02</u>	9. AGE (last birthday) <u>61</u>	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Douglas Co., Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		
13a. FATHER'S NAME <u>James Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Cinda Henson</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		16. SOCIAL SECURITY NO. <u>68</u>	17. INFORMANT Address <u>John Cook, Ava, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Generalized Atherosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>6 mo.</u> <u>undetermined</u>	
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 <u>June 12-1963</u> , to <u>Sept 21-1963</u> and last saw ^{her} him alive on <u>Sept 21-63</u> Death occurred at <u>4: A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
21. SIGNATURE (Degree or title) <u>Richard G. Mitchen</u> DO			22a. ADDRESS <u>Mt. Grove, Mo</u>		22c. DATE SIGNED <u>9-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-22-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Murray</u>	23d. LOCATION (City, town, or county) (State) <u>Squires, Mo.</u>			
24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9/30/63</u>	26. REGISTRAR'S SIGNATURE <u>Miss Moody (Deputy)</u>		

USE BLACK INK OR TYPEWRITER RIBBON

1961
OCT 3 8 100

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

Charles R. Lisk

Licensed Embalmer No.

4667

P. O. Address

Ann 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.