

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10809

State File No. _____

Registration District No. 372

Primary Registration District No. 4029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Oregon
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Olive Cook

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1941 hour 6 minute 40 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ernest Cook

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March (Month) 8 (Day) 1871 (Year)

21. I hereby certify that I attended the deceased from 3 Sept. 23, 1938 to March 18, 1941
that I last saw her alive on March 16, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>		<u>10</u>	hr. _____ min. _____

Immediate cause of death Senile Dementia ^{Duration} 6 mos.

9. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Due to Age

Due to _____

11. Industry or business _____

12. Name G. W. Huiatt

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lucas

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

Other conditions Neurasthenia 3 yrs.
(Include pregnancy within 3 months of death)

16. (a) Informant Mrs. Fred Carson

(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

Major findings: _____
Of operations: _____
Of autopsy: _____

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Missouri

19. (a) 3-20-1941 (Date received local registrar) Prothauer (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Prothauer (M. D. _____) 3/20/1941
Address Oregon Date signed 3/20/1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *James H. Pettigrew*
Licensed Embalmer No. *31092*
P. O. Address *Oregon 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 this body is not embalmed, fact should be so stated above.