

FILED JUL 26 1948

Registration District No. 274

Primary Registration District No. 5931

Registrar's No. 200

## 1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Lake Creek Twp. Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 5 miles S of Smithton  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether years, months or days) 30 years

## 3. (a) PRINT FULL NAME

William E Cook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color of race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Made 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Aug 19 - 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 10 15 hr. min.

9. Birthplace Oakdale California  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
 12. Name James R. Cook  
 13. Birthplace State of Pennsylvania  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Adelle Cook  
 15. Birthplace State of California  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Cook  
 (b) Address Smithton Mo  
 17. (a) Burial (b) Date thereof 7-9-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo  
 18. (a) Signature of funeral director A. F. Neumann  
 (b) Address Smithton Mo

19. (a) 7-9-48 (b) Betty Yeager  
 (Date received local registrar) (Registrar's signature) Deputy

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
 (c) City or town Lake Creek Twp. Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Smithton R.F.D.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7<sup>th</sup> day July  
 year 48 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 4 July, 1948, to 7 July, 1948;  
 that I last saw him alive on 5<sup>th</sup> July, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Heart  
 Due to Atherosclerotic Heart Disease

Due to  
 Other conditions My peritonitis  
 (Include pregnancy within 6 months of death)

Major findings: Of operations —  
 Of autopsy —

## PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) — (e) Means of injury —  
 23. Signature B. S. Siegel M.D. (M.D. or other)  
 Address Smithton Mo Date signed 7 July 48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-23-48

AUG 4 1948

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 A. F. Hammer

Licensed Embalmer No. 3912

P. O. Address Smithton, 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.