THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 213

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 135

1. PLACE OF DEATH

a. COUNTY: Buchanan

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Caldwell

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cowgill, rural

d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)

a. (First): EUGENE

b. (Middle): MANUEL

c. (Last): COOK

4. DATE OF DEATH (Month) (Day) (Year): January 25, 1949

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 7, 1873

9. AGE (In years last birthday): 75 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Stewartsville, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Cook

13b. MOTHER'S MAIDEN NAME: Susan Hallie Smith

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Eldon Cook, St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senility 331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 24, 1949, *to* Jan. 25, 1949, *that I last saw the deceased alive on* Jan. 25, 1949, *and that death occurred at* 5:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.O.

23b. ADDRESS: 823 Faraon St., St. Joseph

23c. DATE SIGNED: 2-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/28/49

24c. NAME OF CEMETERY OR CREMATORY: Cowgill, Missouri

24d. LOCATION (City, town, or county) (State): Cowgill, Missouri

DATE REC'D BY LOCAL REG.: Feb. 3, 1949

REGISTRAR'S SIGNATURE: E. C. Jenkins 382

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Cramer & Clark Kingston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.