

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2107

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>27</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove, Missouri.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>B.</u>	c. (Last) <u>COOK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 26, 1879</u>	9. AGE (In years last birthday) <u>69</u> If under 1 year: Months <u>10</u> Days <u>25</u> If under 2 hrs. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home-making</u>		11. BIRTHPLACE (State or foreign country) <u>unknown, Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>D.B. Herndon</u>		
13b. MOTHER'S MAIDEN NAME <u>Columbia Katherine Yowell</u>		14. NAME OF HUSBAND OR WIFE <u>Fred H. Cook</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Cole, Pilot Grove, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocarditis- Decompensated.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza- Secondary Anemia.</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None, except Senility.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>7 days.</u> <u>2 years.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>481A</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>over 2 yrs</u> , 19 <u>  </u> , to <u>Jan. 21st, 1949</u> , that I last saw the deceased alive on <u>Jan 21st, 1949</u> , and that death occurred at <u>10.45 AM</u> from the causes and on the date stated above.				
23a. SIGNATURE (Regree or title) <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>I-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		DATE REC'D BY LOCAL REG. <u>1-23-49</u> REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. E. Goring Sedalia, Mo.</u>		

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

RECEIVED  
District Health Officer No. 57  
District File Number  
Date Filed 2-9-49

FEB 23 1950

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 \_\_\_\_\_

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn  
Student Embalmer

Signed Maude Ewing  
Licensed Embalmer No. 3847

P. O. Address Sedalia 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.