

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico Rural Salt River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt River Mexico</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R#2 Mexico</u>		d. STREET ADDRESS (If rural, give location) <u>R. #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) KENNETT c. (Last) KOOKEN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Aug. 4, 1860 9. AGE (In years last birthday) 88 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Indiana

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

13a. FATHER'S NAME Peter Wolfe 13b. MOTHER'S MAIDEN NAME Lydia Ann Baker 14. NAME OF HUSBAND OR WIFE Bert Kooken

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mr. H. L. Campbell ADDRESS Mexico, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial degeneration

ANTECEDENT CAUSES

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

DUE TO (b) Hypertensive heart disease

DUE TO (c) Essential Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 years

unknown

unknown

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 42" 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) \_\_\_\_\_ 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 Dec 1, 1948, to Feb 13, 1949, that I last saw the deceased alive on Feb 12, 1949, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. D. Swan (Degree or title) W. O. 7 23b. ADDRESS 1005 W. Low Mexico, Mo. 23c. DATE SIGNED Feb 14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb 14/49 24c. NAME OF CEMETERY OR CREMATORY Hosemount Cemetery 24d. LOCATION (City, town, or county) (State) Wichita Falls, Texas

DATE REC'D BY LOCAL REG. Feb 14-1949 REGISTRAR'S SIGNATURE Blanche Neely 25. FUNERAL DIRECTOR'S SIGNATURE Chris Amundson ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-49-35

Date Filed FEB 23 1949

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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

Licensed Embalmer No. 3569

P. O. Address Mexico, D.C.

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.