

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9623

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 4444		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden, Mo.		c. LENGTH OF STAY (In this place) 75 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden, Mo.		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Camden, Mo.				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) Georgia Ida Cook			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 2/27/49		(Month)		(Day)		(Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 2, 1875			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 25		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) Lafayette County, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Hugh Thomas Stultz		13b. MOTHER'S MAIDEN NAME Harriet Stuart		14. NAME OF HUSBAND OR WIFE George Cook		
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 Myrel J. Cook, Camden, Missouri			ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 <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 Feb. 22, 1949, to Feb. 25, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE E. E. Lay, M.D.				(Degree or title)		23b. ADDRESS Gay Building Richmond, Missouri		23c. DATE SIGNED 3/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 2, 49		24c. NAME OF CEMETERY OR CREMATORY Graven Cemetery		24d. LOCATION (City, town, or county) (State) Camden, Mo.			
DATE REC'D BY LOCAL REG. 3-1-49		REGISTRAR'S SIGNATURE Helen J. Larkin			25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Quest-Lile F. Home Richmond, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

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

Date Filed 3-22-49

**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 \_\_\_\_\_

*Louis Quest*

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.