

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11132

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BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Saline		b. CITY (If outside corporate limits, write RURAL and give township) Slater		a. STATE Mo.		b. COUNTY Saline	
c. CITY (If outside corporate limits, write RURAL and give township) Slater		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Slater		d. STREET ADDRESS (If rural, give location) 71	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walton Cook				d. STREET ADDRESS (If rural, give location) 71			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle)		c. (Last) Cook, Sr.	
4. DATE OF DEATH (Month) (Day) (Year) Mch. 20 '49		5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Nov. 4th 1889		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 4 Days 16		IF UNDER 24 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saline County, Mo.		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Jim Cook		13b. MOTHER'S MAIDEN NAME Mary Wesley		14. NAME OF HUSBAND OR WIFE one			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) EOS		16. SOCIAL SECURITY NO. 487-10-5000		17. INFORMANT'S SIGNATURE OR NAME Wm. Cook, Jr.		ADDRESS Slater	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Chronic Myocarditis with failure				years	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis				years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Chronic Nephritis				years	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 151					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute)		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>June</u> , 19 <u>48</u> , to <u>March 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>49</u> , and that death occurred at <u>10 A.</u> - m., from the causes and on the date stated above.							
23a. SIGNATURE C. A. M. Turner, M.D.				23b. ADDRESS Slater, Mo.		23c. DATE SIGNED 3/22/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/49		24c. NAME OF CEMETERY OR CREMATORY Slater City Emtery		24d. LOCATION (City, town, or county) (State) Slater Mo.	
DATE REC'D BY LOCAL REG. 3/23/49		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers		ADDRESS Slater, Mo	

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 3-28-49

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MAY 9
1959
MAY 9

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 A.C. Hill

Licensed Embalmer No. 3080

P. O. Address State 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.