

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16949

16949

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 103		
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u> <u>D</u>		c. LENGTH OF STAY (in this place) <u>24 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ponder - Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Williams Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Doniphan Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>12-2-1897</u>		
9. AGE (in years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>		IF UNDER 12 HRS. Hours <u>12</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM LABORER</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jim Cook</u>			13b. MOTHER'S MAIDEN NAME <u>MARY WATERS</u>			14. NAME OF HUSBAND OR WIFE <u>Irene Simmons</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>Judy Simmons - Rte #1 - Holcomb, Mo.</u>				
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) <u>Coronary Heart Disease</u>		DUPLICATE OF (a) <u>Coronary Heart Disease</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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)		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) (Min.)		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>May 2</u> , 1949, to <u>May 14</u> , 1949, that I last saw the deceased alive on <u>5-14</u> , 1949, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. E. Williams, M.D.</u>				23b. ADDRESS <u>Doniphan Mo.</u>		23c. DATE SIGNED <u>5-17-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairdealing Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairdealing Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-18-49</u>		REGISTRAR'S SIGNATURE <u>E. O. Thurston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. Edwards - Doniphan, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6/7/49

District Health Officer No 5,

District File Number 649426

Date Filed 6/9/49

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Douglas, 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.