

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24369**

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

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4422		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edgerton		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edgerton			
d. FULL NAME OF HOSPITAL OR INSTITUTION /				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 7/14/49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/25/1864	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Platte County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hiram Cook			13b. MOTHER'S MAIDEN NAME Margaret Standiford		14. NAME OF HUSBAND OR WIFE Julia 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 Jim Cook ADDRESS Rte. 487, N. K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Mitral Regurgitation DUE TO (c) Acute Rheumatism II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Flu					INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				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) (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 July 1, 1948 , to July 14, 1949 , that I last saw the deceased alive on July 13, 1949 , and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Moore M.D. (Degree or title)				23b. ADDRESS Dearborn Mo.		23c. DATE SIGNED July 21, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/16/49		24c. NAME OF CEMETERY OR CREMATORY Union Mill Cem.		24d. LOCATION (City, town, or county) (State) Edgerton, Mo.	
DATE REC'D BY LOCAL REG. July 21-49		REGISTRAR'S SIGNATURE Opelia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE Timon R. Ash ADDRESS Edgerton, Mo.			

RECEIVED AUG 2
District Health Officer No. 8,
District File Number _____
Date Filed 8-12-49

OCT 4 1949

SEP 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Virvan R. Paul

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.