

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26087**

FILED SEP 9 1949

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **224**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (in this place) 2 yr.		d. STREET ADDRESS (If rural, give location) 1316 Lakewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home 1316 Lakewood			

3. NAME OF DECEASED (Type or Print) a. (First) Jesse Thomas b. (Middle) Cook c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22-1884		9. AGE (In years last birthday) 65 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) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Boone Co Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Cook		13b. MOTHER'S MAIDEN NAME Maggie Cook		14. NAME OF HUSBAND OR WIFE Mary Flaugher Cook	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-30-8708	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Ray Columbia Mo			
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4:20
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) Hypertension Conditions contributing to the death but not related to the disease or condition causing death. Diabetes		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1949**, to **1949**, that I last saw the deceased alive on **19**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry M. Lufft, M.D. Coronar	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 8-31-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 31-49	24c. NAME OF CEMETERY OR CREMATORY Southern Springs	24d. LOCATION (City, town, or county) (State) Franklin Co. Mo.
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DATE REC'D BY LOCAL REG. August 31 49	REGISTRAR'S SIGNATURE Mrs R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Hance New Franklin Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

SEP 16 1949

RECEIVED
SEP 6 1949
District Health Officer No. 9,
District File Number

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.

Signed *R. L. Hall*

Signed _____
Student Embalmer

Licensed Embalmer No. *3515*

P. O. Address *New Franklin 710*

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.