

No. 300
10-48

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38606

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10071**

1. PLACE OF DEATH a. COUNTY ST LOUIS MO		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE KANS b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) Leavenworth	
c. LENGTH OF STAY (In place) 14 days		d. STREET ADDRESS (If rural, give location) W.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Pac. Hosp H			

3. NAME OF DECEASED a. (First) JOHN W b. (Middle) COOKSON c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) DEC 2 49		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug. 29, 1863		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Rail R. Engineer			10b. KIND OF BUSINESS OR INDUSTRY Rail Road			11. BIRTHPLACE (State or foreign country) Unk.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Mollie Dooley Cookson	
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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 Kan. ADDRESS Mrs. Elizabeth Matzeder, Leavenworth	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility					
		DUE TO (c) Obstruction Abdom. Aorta					
		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 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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit	
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22. I hereby certify that I attended the deceased from **18 Nov 49**, to **2 Dec 49**, that I last saw the deceased alive on **2 Dec 49**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23. SIGNATURE Albert H. Hoppe		23b. ADDRESS 2017 Fair St. Leavenworth, Mo		23c. DATE SIGNED 2 Dec 49	
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24a. BURIAL, CREMATION, OR DISPOSITION NO BURIAL		24b. DATE 2 Dec 49		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas	
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DATE REC'D BY REG. DEC 5 1949		REGISTRAR'S SIGNATURE L. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten notes and signatures at the top of the page, including "10471", "Dec 5 '42", and "M".

Handwritten signature or name in the middle section.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. Failure to comply with the above constitutes grounds for revocation of license.

If this body is not embalmed, fact should be so stated above.