

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40153

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5712		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY BOLLINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BORANCETWP. 1YR.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BORANCETWP.			
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR BUTESVILLE, MO.				d. STREET ADDRESS (If rural, give location) NEAR BUTESVILLE, MO.			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
CHARLES		WESLEY		COOK		4. DATE OF DEATH	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH	
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) FRANKLIN Co., ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOE COOK		13b. MOTHER'S MAIDEN NAME MARY LYTREA		14. NAME OF HUSBAND OR WIFE NORA T. COOK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME NORA T. COOK		ADDRESS BUTESVILLE		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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES by arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 221x	
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 Nov. 12, 1949 , to Nov 29, 1949 , that I last saw the deceased alive on Nov 29, 1949 , and that death occurred at 9:00 m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) W. D. Asmus M.D.		23b. ADDRESS Quincy, Mo. 65751	
23c. DATE SIGNED 12/21/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-3-49		24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.	
24d. LOCATION (City, town, or county) (State) BUTESVILLE MO.		25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME		ADDRESS BUTESVILLE MO.		DATE REC'D BY LOCAL REG. Dec 9, 1949	
REGISTRAR'S SIGNATURE Willie VanLimburch		25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME		ADDRESS BUTESVILLE MO.		DATE REC'D BY LOCAL REG. Dec 9, 1949	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1980

12-13-4

1st Officer No. 4

of All Number 1249-

also filed

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

J. E. Graham

Licensed Embalmer No. *4010*

P. O. Address

Lutesville, N.Y.

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

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