

0710

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

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>9005</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Henry #420</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>1 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>J</u>		c. (Last) <u>Cook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Mar-13-1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>10 19</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Anthony Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Hecker</u>		14. NAME OF HUSBAND OR WIFE <u>Fastabend Hecker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stephe Cook Montrose Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma</u> <u>severe. Diabetes. Chronic Nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Uremic retention</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>See</u>		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) (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>Nov</u> , 19 <u>47</u> , to <u>Jan Feb 2, 1950</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>50</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. L. Hansen MD</u>				23b. ADDRESS <u>Appleton City Mo</u>		23c. DATE SIGNED <u>2-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>Feb 4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montrose Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 4-1950</u>		REGISTRAR'S SIGNATURE <u>Nedall K... 17</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stelling Bros Montrose Mo</u>			

RECEIVED

District Health Officer No. 7

District File Number 1-50-72

Date Filed 2-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the ^{Feb} reverse side of this certificate was embalmed by me, ~~on~~

on the 2nd day of June 1950

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, 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.