

FILED MAR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5198

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 16

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFFERSON | |
| b. CITY OR TOWN RURAL-MERAMEX TOWNSHIP | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROSELLE | |
| c. LENGTH OF STAY (in this place) 17 290 days | | d. STREET ADDRESS (If rural, give location) ✓ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Top, Kansas Mo | | | |

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|---|---------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) BOYD c. (Last) COOK | | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 5 1950 | | |
| 5. SEX MO | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH DEC. 4, 1873 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE (State or foreign country) MAISON COUNTY, MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME HENRY COOK | | 13b. MOTHER'S MAIDEN NAME MARTHA PAIRS | | 14. NAME OF HUSBAND OR WIFE LINNIE JOHNSON | |
| 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 Bro. Ruth St. Joseph's Hill ADDRESS St. Joseph's Hill | |

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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 | | INTERVAL BETWEEN ONSET AND DEATH 332X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAL INSUFFICIENCY | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL-ARTERIO-SCLEROSIS DUE TO (c) Psychosis | | |
| 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 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) |
| 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 **2/6**, 19**49**; to **3/3**, 19**50**, that I last saw the deceased alive on **3/3**, 19**50**, and that death occurred at **12:20** p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dr. Mendenhall MD | 23b. ADDRESS 3155 No. Vandeventer St. Louis Mo. | 23c. DATE SIGNED 3/5/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE MAR 7, 1950 | 24c. NAME OF CEMETERY OR CREMATORY ROSELLE CEMETERY |
| DATE REC'D BY LOCAL REG. Mar. 7, 1950 | | 24d. LOCATION (City, town, or county) (State) ROSELLE, MO |

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| REGISTRAR'S SIGNATURE Mrs Ruth Jirsa | 438 | 25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home | ADDRESS Princeton, MO |
|---|-----|--|------------------------------|

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 3-13-50

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.....

August Bruno Jr.

Licensed Embalmer No. 4338

P. O. Address *Peoria, Mo.*

Signed.....
Student Embalmer

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.