

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11895

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5715 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-White Water		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-White Water	
c. LENGTH OF STAY (in this place) 15		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Allen c. (Last) Cook		4. DATE OF DEATH (Month) (Day) (Year) March 29 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 2, 1866
9. AGE (in years last birthday) 83		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not given		10b. KIND OF BUSINESS OR INDUSTRY not given	
11. BIRTHPLACE (State or foreign country) Perry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frank Cook	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ida Hanners- Patton, Missouri		ADDRESS

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) Chronic Bronchitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 444X		INTERVAL BETWEEN ONSET AND DEATH
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 **Jan 12, 1950**, to **Apr 29, 1950**, that I last saw the deceased alive on **Mar 29, 1950**, and that death occurred at **8:13 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. Crites M.D.	23b. ADDRESS Sedgewichville Mo	23c. DATE SIGNED 5/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 30, '50	24c. NAME OF CEMETERY OR CREMATORY Crossroads
24d. LOCATION (City, town, or county) (State) Crossroads, Missouri		

DATE REC'D BY LOCAL REG. May 8 1950	REGISTRAR'S SIGNATURE Willie Warlenburg	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons	ADDRESS Perryville Mo
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MAY 12 1950

RECEIVED

MAY 10 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-681

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Wallace Young

Licensed Embalmer No. 4027

P. O. Address. Perryville

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.