

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1950

State File No. 26186

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

BIRTH NO.		REG. DIST. NO. 47	PRIMARY REG. DIST. NO. 3008	Registrar's No. 265
1. PLACE OF DEATH a. COUNTY <i>Fulton Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>		
b. CITY (If outside corporate limits, write RURAL and give town) <i>Fulton Mo</i>		c. LENGTH OF STAY (in this place) <i>5y-2m-25d</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>rural</i> OR TOWN <i>0980</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp #1</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>		
3. NAME OF DECEASED a. (First) <i>Wm</i>		b. (Middle) <i>Edward</i>	c. (Last) <i>Cook</i>	
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 10 1950</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Apr 7, 1891</i>	9. AGE (In years last birthday) <i>59</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Schuyler Co Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Wm Cook</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Lambert</i>		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) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>State Hosp Fulton records</i> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: 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. <i>hypostatic pneumonia</i>				<i>4:30 P.M.</i>
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 <i>Aug 10, 1950</i> , to <i>Aug 10, 1950</i> , that I last saw the deceased alive on <i>Aug 10, 1950</i> , and that death occurred at <i>5:15 P.M.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>J R Hunter M.D.</i> (Degree or title)		23b. ADDRESS <i>State Hospital #1 Fulton Mo</i>		23c. DATE SIGNED <i>Aug 10 1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug 12 - 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Campground</i>	24d. LOCATION (City, town, or county) (State) <i>Downing Mo.</i>	
DATE REC'D BY LOCAL REG <i>Aug-11-1950</i>	REGISTRAR'S SIGNATURE <i>Merilla Lawrence</i>	426	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lloyd Moore Downing Mo.</i> ADDRESS	

DISTRICT HEALTH OFFICE No. 4

File No.

AUG 13 1950

RECORDED

August 19 1950

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing Mass

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.