

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34088**

BIRTH NO. _____		REG. DIST. NO. <b>200</b>		PRIMARY REG. DIST. NO. <b>3041</b>		Registrar's No. <b>130</b>		
1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Polk</b>				
b. CITY OR TOWN <b>Macon</b>		c. LENGTH OF STAY (If this place) <b>36 hrs.</b>		c. CITY OR TOWN <b>Des Moines</b> <b>8140</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Samaritan</b>				d. STREET ADDRESS (If rural, give location) <b>3800 S.E. Aven Road</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>Ralph</b> c. (Last) <b>COOK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 30, 1950</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 26, 1886</b>		
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Ret. Farmer</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>W.G. COOK</b>			13b. MOTHER'S MAIDEN NAME <b>Mati'lda ONeal</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Vera Cook</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW #1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Vera Cook</b>		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) <b>(1) Fracture left hip</b> <b>(2) Fracture left clavicle</b> <b>(3) Fracture right femur</b> <b>Paros left</b> <b>Car neck</b> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary Edema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b> <b>8234</b> <b>32</b> <b>12 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Auto</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #63</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Macon Macon Missouri</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>10-28-50 1:00 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident collision</b>				
22. I hereby certify that I attended the deceased from <b>Oct 28, 1950</b> , to <b>Oct 30, 1950</b> , that I last saw the deceased alive on <b>Oct 30, 1950</b> , and that death occurred at <b>12:55 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>106 1/2 Vine - Macon, Mo</b>		23c. DATE SIGNED <b>Oct 30, 1950</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct 30, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McLaren</b>		24d. LOCATION (City, town, or county) (State) <b>Des Moines Iowa</b>		
DATE REC'D BY LOCAL REG. <b>10/30/50</b>		REGISTRAR'S SIGNATURE <b>Ruth Mcneely</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Stephan E. Gooding</b>		ADDRESS <b>Macon, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 6 1950

DEC 5 1950

RECEIVED 11.8.50

MACON COUNTY HEALTH DEPARTMENT

County File No. 11.50.789-205

Date Filed 11.8.50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Charles L. Sutton*

Licensed Embalmer No. 4577

P. O. Address *Macon, 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.