

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39489

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 2072 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>45 years</u>		d. STREET ADDRESS (If rural, give location) <u>566 North Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 North Benton</u>		d. STREET ADDRESS (If rural, give location) <u>566 North Benton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u> b. (Middle) <u>Lavena Catherine</u> c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 4, 1905</u>
9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Edward Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Birdie Francis Clark</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-09-7191</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Cook</u> ADDRESS <u>Marshall, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>5 yrs</u> <u>10 yrs</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	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 11, 1946</u> , to <u>Dec. 4, 1950</u> , that I last saw the deceased alive on <u>Nov 11, 1950</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. F. Warren D.O.</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>12/5/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1950</u>	REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell & Lewis - Marshall Mo</u> ADDRESS _____	

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

9972

RECEIVED 12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-11-50

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 *James H. Lewis Jr.*

Signed.....
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.