

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40174

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>80 days</u>		d. STREET ADDRESS (If rural, give location) <u>102 - E. Humboldt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 - E. Humboldt</u>		d. STREET ADDRESS <u>102 - E. Humboldt</u>	

3. NAME OF DECEASED (Type or Print) <u>Sarah Freeman Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1950</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 14 1864</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	11. UNDER 10 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Barren County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jark Cook</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Thomas - R. E. Cox</u>	ADDRESS <u></u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cerebral Vasculer Disease</u>		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>442x</u>

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)
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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?
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22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 8:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William A. Cox M.D.</u>	23b. ADDRESS <u>125 E High Jefferson City, Mo</u>	23c. DATE SIGNED <u>Dec 15, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springfield</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 18-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Harrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarvis Herwin</u>	ADDRESS <u>717 Jefferson</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Copy

RECEIVED

12-27-50

DISTRICT HEALTH OFFICE No. 3

District File number

Date Filed *12-27-50*

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

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *3641*

P. O. Address *Juno*

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.