

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41212
State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 593

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital		d. STREET ADDRESS (If rural, give location) 3 Miles N. of Galesburg, Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) Aurora	b. (Middle) Cleo	c. (Last) Cook	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR 5 Months 26 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Columbia, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A.J. Walters	13b. MOTHER'S MAIDEN NAME Virginia Goodwin	14. NAME OF HUSBAND OR WIFE Dulph Cook
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dulph Cook	ADDRESS Oronogo, Mo. Rt. # 1
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs. Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42776	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 11/10/50, 1950, to 12/20, 1950, that I last saw the deceased alive on 12-20, 1950, and that death occurred at 5:55A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) D.O.	23b. ADDRESS Alba, Mo.	23c. DATE SIGNED 12/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery	24d. LOCATION (City, town, or county) (State) 7 Miles N. of Webb City, Mo
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DATE REC'D BY LOCAL REG. 1-8-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Johnson-Arnce-Simpson	ADDRESS Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 1-10-51
Jasper County Health Office

County File Number 50-12-996
Date Filed 1-10-51

MAR 30 1951

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 *Jack C. Simpson*

Signed
Student Embalmer

Licensed Embalmer No. *44647*

P. O. Address *Webb City, 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.