S. No. 300
v. 10:48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1951

State File No. 375

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Hamilton)
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Hamilton Twp.)
d. STREET ADDRESS (If rural, give location): 0130

3. NAME OF DECEASED (Type or Print)
a. (First): KARL
b. (Middle): JOHN
c. (Last): COOK

4. DATE OF DEATH (Month) (Day) (Year): 1 13 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 7-1902
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 7, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Cook
13b. MOTHER'S MAIDEN NAME: Caroline Schunk
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lowranse Potts — ADDRESS: Hamilton Mo.

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): Concussion of lower ½ of brain — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Accident — E8161
DUE TO (c): — 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on Highway #36
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hamilton Mo Caldwell Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 13, 1951 1 Pm
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Automobile Accident Trailer Truck Trail

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Wilbur M D Coroner Caldwell Co
23b. ADDRESS: Polo Mo
23c. DATE SIGNED: 1-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-51
24c. NAME OF CEMETERY OR CREMATORY: Highland
24d. LOCATION (City, town, or county) (State): Hamilton Mo.

DATE REC'D BY LOCAL REG.: Jan 24, 1951
REGISTRAR'S SIGNATURE: Gladys Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Morris A. Bram — ADDRESS: Hamilton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 24 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

MAR 9 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 Marion A. Brown

Licensed Embalmer No. 03918

P. O. Address Hamilton Mo.

Signed .....
Student Embalmer

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.