

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1924

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u> <u>0710</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Wesley</u> b. (Middle) _____ c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 4, 1873</u>
9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	11. UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Hickory Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Franklin Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Roach</u>	
14. NAME OF HUSBAND OR WIFE <u>Roda Mae Cook</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roda Mae Cook</u>		ADDRESS <u>Versailles, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u>			<u>7 years</u>
DUE TO (c) <u>arteriosclerosis, generalized, advanced.</u>			<u>30 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4,500</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) (Min.)		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>July 1, 1950</u> , to <u>Jan 7, 1951</u> , that I last saw the deceased alive on <u>Jan 7, 1951</u> , and that death occurred at <u>10:12 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack Gunn, M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>	
23c. DATE SIGNED <u>Jan 11, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 9-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 12-1951</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Hibell</u>		ADDRESS <u>Versailles, Mo.</u>	

V.L.O.K. - (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED /- / 5-5- /
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed /- / 5-5- /

APR 3 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Wesleyville, 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.