

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3759

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112A		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Scopus Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Scopus</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR Scopus</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR Scopus - P.O.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Julius</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>COOK</u>	
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-6-1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		9. AGE (In years last birthday) <u>62</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN W. COOK</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE RHYNE</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA M. COOK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LAURA M. COOK</u> ADDRESS <u>MILLERSVILLE, 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, asthma, 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased <u>deceased</u> on <u>2/21</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John F. Hyman</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Sutcliffe Mo</u>		23c. DATE SIGNED <u>2/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COOK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Scopus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Sam Amburge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>WUTESVILLE, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 6

No.

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.

Signed

J. E. Graham

Signed

Student Embalmer

Licensed Embalmer No. *4210*

P. O. Address *Louisville, 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.