

THE DIVISION OF HEALTH MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19160**

FILED MAY 20 1952

BIRTH NO. _____ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **6236** Registrar's No. **10**

096
3

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Charrette)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton 1090	
c. LENGTH OF STAY (In this place) 2 hrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Peers, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Andrew	c. (Last) Cook	4. DATE OF DEATH (Month) (Day) (Year) May 11, 1952
--	---------------------------	-----------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 7, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	--	---	---	------------------------	-----------------------	-------	------

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

13a. FATHER'S NAME George Edward Cook	13b. MOTHER'S MAIDEN NAME Sarah Jane Lepp	14. NAME OF HUSBAND OR WIFE Emma Fasse Cook
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-38-3299	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Cook	ADDRESS Warrenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden 2-3 years Several years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior Coronary Insufficiency DUE TO (c) Arteriosclerosis		
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 4201	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) (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 **3-22, 1952** to **5-11, 1952**, that I last saw the deceased alive on **5-5, 1952**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Alford N. MacRae	(Degree or title)	23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED 5-12-52
---	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15, 1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. May 17/52	REGISTRAR'S SIGNATURE J. C. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co.	ADDRESS Warrenton, Mo.
--	---	---	----------------------------------

MAY 22 1912

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.....

John E. Herberger

Signed.....
Student Embalmer

Licensed Embalmer No. 4409

P. O. Address Warrenton, 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.