

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37236

State File No.

S. No. 300
V. C. 10.48

1952 OCT 29

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2602

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Reno</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>	c. LENGTH OF STAY (in this place) <u>5 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hutchinson</u>	<u>8150</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pinecrest Homes</u>		d. STREET ADDRESS (If rural, give location) <u>403 W. B</u>	

3. NAME OF DECEASED (Type or Print), a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8 1952</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>March 18, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 Hrs. Hours _____ Min. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Clerk & Cashier for Mo. Pac. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Birmingham, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------	--	----------------------------------------------------------------------	--	-----------------------------------------	--

13a. FATHER'S NAME <u>Frank Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Joe Ward Hutchinson, Kansas</u>			
--------------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>arteriosclerosis generaliz</u>			<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertension</u>			<u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senile dementia</u>			<u>1 yr</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) <u>331X</u>
------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 4/7/52, 1952, to 10/4, 1952, that I last saw the deceased alive on 10/8, 1952, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Kirkwood, Mo.</u>	23c. DATE SIGNED <u>10/9/52</u>
-----------------------------------------------------	--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL <u>5</u>	24b. DATE <u>10-9-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hutchinson, Kansas.</u>
-----------------------------------------	----------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>10-9-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.,</u>	
-----------------------------------------	---------------------------------------------------	--------------------------------------------------------------------------------------------	--

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

4020
4

J. W. Carter

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.....

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.