

FILED OCT 5 1953

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Altamont</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Altamont</u> <u>0310</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willis</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Cook</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29 1953</u>
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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>May 12 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 2 HRS. Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad & Telegraph</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sylvester Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Fossinger</u>	14. NAME OF HUSBAND OR WIFE <u>Lois Cook</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>	16. SOCIAL SECURITY NO. <u>487-14-5278</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lois Cook, Altamont,</u>	ADDRESS <u>Missouri</u>
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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 <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot through head</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Altamont Daviess Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>9-29-1953 10:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>12 Ga. Shotgun - in Head</u>
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22. I hereby certify that I attended the deceased from Viewed, 1953, to 10-1-53, 1953, that I last saw the deceased alive on 10-1-53, and that death occurred about 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. O. Richesson, Deputy Coroner</u>	23b. ADDRESS <u>Gallatin, Missouri</u>	23c. DATE SIGNED <u>9-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Ayr Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Altamont, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-1-53</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. O. Richesson</u>	ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 23 1958

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

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Dallatin, 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.