

FILED NOV 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35277

BIRTH NO. _____		REG. DIST. NO. <u>387</u>		PRIMARY REG. DIST. NO. <u>4085</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HALE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hale</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WALTER</u>		b. (Middle) <u>MERCHANT</u>		c. (Last) <u>COOK</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>6</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>April 12 - 1893</u>	
9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Months <u>6</u>		Days <u>24</u>		if UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming - Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>TRIPLETT MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>REUBEN P. COOK</u>		13b. MOTHER'S MAIDEN NAME <u>MANDY M. FIFER</u>	
14. NAME OF HUSBAND OR WIFE <u>BESSIE BOWLWARE</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-30-9697</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HOMER KAST</u>				ADDRESS <u>HALE 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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>					
DUE TO (c) <u>Hypertension</u>							
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"/>	
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)		331X	
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 <u>Oct 3, 1953</u> , to <u>Nov 6, 1953</u> , that I last saw the deceased alive on <u>Nov 5, 1953</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Alvin A. Welsh, D.D.</u>				23b. ADDRESS <u>Hale, Mo</u>		23c. DATE SIGNED <u>11-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HALE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NORTH OF HALE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Max Rex Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Slater</u>		ADDRESS <u>Slater Funeral Home - Hale Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0170
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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 A. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.