

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44003

State File No.

FILED DEC 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>St. Clair</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Clair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (In this place) <u>5 Yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City 6930</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>Charles</u>	b. (Middle) <u>Andrew</u>	c. (Last) <u>Cook</u>	(Month) <u>Dec.</u>	(Day) <u>16</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>Never Married</u>	8. DATE OF BIRTH <u>May-25-1884</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>31</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James A. Cook</u>			13b. MOTHER'S MAIDEN NAME <u>Mark C. Dodds</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>David Cook</u>				ADDRESS <u>4317 Monroe, Kansas City, MO</u>
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia - smoke</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.	ANTECEDENT CAUSES						life	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u>							
	DUE TO (c) <u>Epilepsy</u>							
	II. OTHER SIGNIFICANT CONDITIONS							
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic C.V. disease</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) <u>accident</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) <u>Appleton City</u>		21d. (COUNTY) <u>St. Clair</u> (STATE) <u>Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 16 1953 3 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>Fall in home</u>				
22. I hereby certify that I attended the deceased from <u>Aug</u> , 1953, to <u>Dec</u> , 1953, that I last saw the deceased alive on <u>Nov 27</u> , 1953, and that death occurred at <u>?</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R.A. Shickman MD</u>				23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>Dec 18 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 18 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec 18 53</u>		REGISTRAR'S SIGNATURE <u>Clas Cobney 285</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u>				ADDRESS <u>Appleton City MO</u>

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

0930

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 *Melvin L. Janssens*

Signed.....
Student Embalmer

Licensed Embalmer No. *4529*

P. O. Address *Appleton, City*

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.