

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5726

FILED MAR 9 1954

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 11

830

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

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston	
c. LENGTH OF STAY (In this place) <i>Weston</i>		d. STREET ADDRESS (If rural, give location) 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Thomas c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 2-24-54		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Nov. 10, 1894			9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Weston, Missouri		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME A. T. Gray Cook		13b. MOTHER'S MAIDEN NAME Carrie Weigman		14. NAME OF HUSBAND OR WIFE Hazel Irene Allen	
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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) no		16. SOCIAL SECURITY NO. 486-36-8432		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. T. Cook Weston, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION (Sudden death) ANTECEDENT CAUSES Mitral stenosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Obesity DUE TO (b) Obesity DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 4 yrs 5 yrs 30 yrs
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19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Weston Platte Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXX		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? XXXXXX	

22. I hereby certify that I attended the deceased from **Jan. 15, 1954**, to **Feb. 24, 1954**, that I last saw the deceased alive on **Feb. 20, 1954**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis B. Calver MD		23b. ADDRESS Weston Missouri		23c. DATE SIGNED 3/3/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-27-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cem.	
				24d. LOCATION (City, town, or county) (State) Platte Co. Mo.	

DATE REC'D BY LOCAL REG. 2-26-54		REGISTRAR'S SIGNATURE Opelia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn Funeral Home Weston, Mo.	
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APR 17 1954

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

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston 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.