

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30943

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 374

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town) Independence, Mo
c. LENGTH OF STAY (In this place) 35 yrs

c. CITY OR TOWN Independence
d. Is Residence within limits of a city (Incorporated town)?
Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Indep. San. & Hsp. Indep, Mo.

e. STREET ADDRESS (If rural, give location) 312 N. Union

3. NAME OF DECEASED
a. (First) MR. CHESTER b. (Middle) HILLAND c. (Last) COOK

4. DATE OF DEATH (Month) (Day) (Year)
Sept, 18, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH May. 22, 1886

9. AGE (In years last birthday) 68
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) Traveling Salesman--Clothing

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Rockville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James L. Cook

13b. MOTHER'S MAIDEN NAME Mrs Jose Ruble

14. NAME OF HUSBAND OR WIFE Mrs Maude Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-16-3670

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Maude Cook Indep, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331 X

INTERVAL BETWEEN ONSET AND DEATH
6 hrs
several yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
L.P. revealed bloody fluid

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
Indep, mo Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9, 17, 1954 4 PM

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Spontaneous Cerebrovascular accident

22. I hereby certify that I attended the deceased from 9-17-54, 1954 to 9-18, 1954, that I last saw the deceased alive on 9-18, 1954 and that death occurred at 1008 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L Bachmann, M.D.

23b. ADDRESS 1212 W. Truman, Indep, Mo

23c. DATE SIGNED 9-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 20, 1954

24c. NAME OF CEMETERY OR CREMATORY Woodlawn

24d. LOCATION (City, town, or county) (State)
Independence, Mo.

DATE REC'D BY LOCAL REG. 9-20-54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ott & Mitchell Indep, Mo.

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

APR 21 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 Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *310*

P. O. Address *Indy*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.