

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38738

STATE FILE NUMBER

FILED NOV 19 1956

Registration District No. 207 Primary Registration District No. 5756 Registrar's No. 31

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1. PLACE OF DEATH a. COUNTY <u>MARIES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARIES</u>					
b. CITY (If outside corporate limits, give TOWNSHIP and OR TOWN <u>RURAL (Jefferson Township)</u>)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>RFD. Belle-Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family home</u>			Length of stay in 1b <u>34 yrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MARTIN</u> Middle <u>-</u> Last <u>COOK</u>				4. DATE OF DEATH <u>Nov 12-1956</u> Month <u>Nov</u> Day <u>12</u> Year <u>1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 22-1884</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and state or country) <u>MARIES County-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>John Cook</u>				14. MOTHER'S MAIDEN NAME <u>SARAH West</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Willie Cook</u> Address <u>Bland, Mo</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u>							INTERVAL BETWEEN ONSET AND DEATH <u>-</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cardiac Decompensation</u>					DUE TO (c) <u>Cor Pulmonale</u>		6 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Atherosclerosis</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>10-29-56</u> to <u>11-12-56</u> and last saw ^{her} him alive on <u>11-12-56</u> Death occurred at <u>9:35 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Wm Hedley</u> (Degree or title) <u>DO.</u>				22b. ADDRESS <u>Bland, Mo</u>			22c. DATE SIGNED <u>11-13-56</u>		
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u>		23b. DATE <u>11/14/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Belle - Mo.</u>			
24. ISSUED TO <u>Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>Belle Mo 11-15-56</u>		26. REGISTRAR'S SIGNATURE <u>Pauline Howard</u>				

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.....
Chete Lassman

Licensed Embalmer No...*41*

P. O. Address *Bland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.