

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12164

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

4850

FILED APR 22 1957		42	Primary Registration District No.	7000	12164	922
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		3. NAME OF DECEASED (Type or print) JAMES R. COOK		4. DATE OF DEATH April 14, 1957
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Joseph		0117 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3006 Frederick Ave.		Length of stay in lb 54 years		d. STREET ADDRESS (If outside, give location) 3006 Frederick Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 17, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance Company		11. BIRTHPLACE (City and state or country) Monrovia, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Cook		14. MOTHER'S MAIDEN NAME Susan Taylor		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. unknown
17. INFORMANT Mrs. J. R. Cook, 3006 Frederick, St. Joseph, Mo.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) Coronary Insufficiency DUE TO (b) Arteriosclerosis generalized DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) H201		INTERVAL BETWEEN ONSET AND DEATH 6 mos - unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 - a. m. _____ p. m. _____		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		20g. COUNTY		20h. STATE
21. I attended the deceased from 6 April 57 to 14 April 57 and last saw ^{her} him alive on 14 April 57		22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 9603 Frederick Ave. City		22c. DATE SIGNED 4-17-57
23a. BYRIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/16/1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Heston-Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 19, 1957		26. REGISTRAR'S SIGNATURE [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

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 *Billie C. Gonder*.....

Licensed Embalmer No. *4986*.....

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