

Health, Welfare, Public Service

300 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

13

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

288801

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Princeton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>		Length of stay in lb <u>1 1/2 yr.</u>	d. STREET ADDRESS <u>200 Jefferson St.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Rex</u> Middle <u>Lloyd</u> Last <u>Cool</u>			4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1957</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>March 3, 1917</u>	9. AGE (In years last birthday) <u>40</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>12</u> Hours <u></u> Min. <u></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>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Theater</u>	11. BIRTHPLACE (City and state or country) <u>Clio, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Omar Cool</u>			14. MOTHER'S MAIDEN NAME <u>Alberta Rick</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-36-6216</u>	17. INFORMANT <u>Mrs. Helen M. Cool 200 Jefferson St. Princeton, 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>acute coronary thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</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 _____ 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 COUNTY STATE	
21. I attended the deceased from <u>8-15-57</u> to <u>8-15-57</u> and last saw her/him alive on <u>8-15-57</u> Death occurred at <u>3:50 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Douglas H. Peace, D.O.</u>			22b. ADDRESS <u>Princeton, Mo.</u>		22c. DATE SIGNED <u>8-16-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>8/17/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cincinnati Cemotery</u>		23d. LOCATION (City, town, or county) (State) <u>Cincinnati, Iowa</u>
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> <u>By: John N. Comstock</u>		ADDRESS <u>Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Paul Moss</u>

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1957

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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 *John N. Comstock* .....

Licensed Embalmer No. *38*

P. O. Address *Thionville*

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.