

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44825
STATE FILE NUMBER

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 212

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) WEBB CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 434 OAKLAND ST.			Length of stay in lb 30YRS	d. STREET ADDRESS (If outside, give location) 434 OAKLAND ST			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle KENNETH Last COOK				4. DATE OF DEATH Month DECEMBER Day 7 Year 1957			
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 OCTOBER 28, 1901		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT		11. BIRTHPLACE (City and state or country) SMITHTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. E. COOK			13b. MOTHER'S MAIDEN NAME MAUDE BAUCHER		14. NAME OF HUSBAND OR WIFE ETHEL COOK		
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. 4201		17. INFORMANT MRS. ETHEL COOK Address WEBB CITY, MISSOURI			
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 OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) DIABETES MELLITUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS							INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 2 YEARS
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.) 4201				
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY WEBB STATE MISSOURI				
21. I attended the deceased from 12/4/57 to 12/7/57 and last saw her alive on 12/7/57 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Webb- Feb 20.				22b. ADDRESS WEBB CITY, MISSOURI		22c. DATE SIGNED 12/9/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-11-1957		23c. NAME OF CEMETERY OR CREMATORY SMITHTON CEMETARY		23d. LOCATION (City, town, or county) (State) SMITHTON MISSOURI	
24. FUNERAL DIRECTOR HEDGE LEWIS FUNERAL HOME ADDRESS WEBB CITY MISSOURI				25. DATE RECD. BY LOCAL REG. 12-10-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

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 L. J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.