

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009505
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 351

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-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Springfield 0396 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Davis Rest Home INSTITUTION 633 Cherry | | Length of stay in 1b 50 yrs | d. STREET ADDRESS (If outside, give location) 1005 S. National |
| 3. NAME OF DECEASED (Type or print) First ELLA Middle (Wagenman) Last COOK | | 4. DATE OF DEATH Month March Day 31 Year 1958 | |
| 5. SEX Female | 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 Aug 28, 1879 |
| 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 78 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Chillicothe, Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Wm A. Wagenman | |
| 13b. MOTHER'S MAIDEN NAME Magdalene Lamberteim | | 14. NAME OF HUSBAND OR WIFE W. F. 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. None | |
| 17. INFORMANT W. F. Cook, Springfield, 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) Arteriosclerotic Heart Disease DUE TO (b) Cerebral Thromboses, Multiple DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 4200 | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none | | 20d. INJURY OCCURRED WHILE AT <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 1950 to 3/31/58 and last saw her alive on 3/31/58 Death occurred at 5:30 PM. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) W. J. Dand, M.D. | |
| 22b. ADDRESS 609 Cherry, Springfield, Mo. | | 22c. DATE SIGNED 4/1/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 2, 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Maple Park | | 23d. LOCATION (City, town, or county) Springfield, Mo. | |
| 24. FUNERAL DIRECTOR Jewell E. Windle ADDRESS B.W. Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 4/2/58 | |
| 26. REGISTRAR'S SIGNATURE Effie D. Melton | | | |

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MAY 6 1958
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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 *Bernard F. Wright*

Licensed Embalmer No. *4293*
P. O. Address *Springfield*

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.