

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-010424
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 62

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper 0490 | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Purcell Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chann Hosp. | | Length of stay in 1b 4 hrs. | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Irvin Cook | | | 4. DATE OF DEATH Month Day Year March 29, 1958 | | |
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| 5. SEX Male 0 | 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 Oct. 26, 1912 | 9. AGE (In years last birthday) 45 | 10. FUNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ground Foreman | 10b. KIND OF BUSINESS OR INDUSTRY Mining | 11. BIRTHPLACE (City and state or country) Wright Co. Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Albert Cook | 13b. MOTHER'S MAIDEN NAME Flora Howell | 14. NAME OF HUSBAND OR WIFE Dorothy Cook |
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| 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. 487-01-3466 | 17. INFORMANT Address Mrs. Dorothy Cook Purcell Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH Few hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous infarction | | |
| DUE TO (c) _____ | | 4201 |
| 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"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 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 |
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| 21. I attended the deceased from Mar 5 '58 to Mar 29 '58 and last saw him alive on 3-29-58 Death occurred at 11:00 am on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) Dorothy Cook | 22b. ADDRESS 7 Wolf City Mo | 22c. DATE SIGNED 3-31-58 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Apr. 1, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery | 23d. LOCATION (City, town, or county) (State) Purcell Mo |
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| 24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo. | 25. DATE RECD. BY LOCAL REG. 4-1-58 | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County of ...
Date Filed ...
Approved ...
7 1958

MAY 1 1958

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 Henry E. Quinn

Licensed Embalmer No. 4463
P. O. Address W.H. 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.