

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-013949
 State File No.

FILED APR 28 1958

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 73

04114

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, mo</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>	c. CITY OR TOWN <u>Bethany</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>622 S. 17th</u>		<u>04114</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>EIKANAH</u> c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 23 1884</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Alexander Cook</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Burgin</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-40-7912</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Cook, Bethany, Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY EDEMA</u> DUE TO (c) <u>MITRAL REGURGITATION</u>		<u>weeks -</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SEVERE ARTERIOSCLEROSIS</u>		<u>years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		410X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-2</u> , 19 <u>58</u> , to <u>4-20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>58</u> , and that death occurred at <u>5:05</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Albert Dribbe M.D.</u> (Degree or title)		23b. ADDRESS <u>Bethany, Mo.</u>	
23c. DATE SIGNED <u>4-22-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr 22, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo</u>
DATE REC'D BY LOCAL REG. <u>4-23-58</u>	REGISTRAR'S SIGNATURE <u>Bella Mayer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold W. Boggan, Eagle Lake Mo.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

547 C

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: *Herald W. Boggs*

Licensed Embalmer No. *476*

P. O. Address *Eagleville*

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.