

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042965

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 205

300
-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Lilbourn	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		d. STREET ADDRESS (If outside, give location) —	
Length of stay in lb 32 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Colonel Middle Crosland Last Cook	4. DATE OF DEATH Month 11 Day 1 Year 1958
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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 3-4-1884	9. AGE (In years at birthday) 74	IF UNDER 1 YEAR Months 7 Days 37	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Hardin, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Newton Noah Cook	13b. MOTHER'S MAIDEN NAME Mary Sweet	14. NAME OF HUSBAND OR WIFE Nina Patterson 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) —	16. SOCIAL SECURITY NO. 499-32-0397	17. INFORMANT Mrs. Nina Cook, Lilbourn, Mo.	Address
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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) ART. SCLER. HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH
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 (c) GENERAL ARTERIO-SCLEROSIS 4200		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.)
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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
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21. I attended the deceased from SEPT. 1958 to 11.1.58 and last saw him alive on 11.1.58 Death occurred at 11:40 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Carl G. Topp M.D. (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 11.2.58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3 Nov 58	23c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery	23d. LOCATION (City, town, or county) (State) Near New Madrid, Mo
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24. FUNERAL DIRECTOR Richard Udell Co.	ADDRESS New Madrid, Mo	25. DATE RECD. BY LOCAL REG. 11-5-58	26. REGISTRAR'S SIGNATURE Max Colla Hunter
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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.

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 Tommy L. Roberts

Licensed Embalmer No. 4986

P. O. Address New Mexico

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.