

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042966

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 208

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-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston <i>1023</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 228 Helen Street		Length of stay in lb 3 Months	d. STREET ADDRESS (If outside, give location) 228 Helen Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle A. Last COOK	4. DATE OF DEATH Month Nov. Day 12, 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 Aug. 6, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Caldwell County, Ky.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Felix Cook	13b. MOTHER'S MAIDEN NAME Zida Phelps	14. NAME OF HUSBAND OR WIFE Ora Horning Cook
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give branch of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Ora Cook Address Sikeston, Missouri
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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) CORONARY ART. OCCLUSION ART. SCLER. HEART DISEASE 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 (a)	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
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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.) 4200
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20c. TIME OF INJURY Hour 11.12.58 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) August 1958 11.12.58	20f. CITY, TOWN, OR LOCATION Sikeston, Missouri
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21. I attended the deceased from Death occurred at ON 11.12.58 1 P. to 11.12.58 and last saw her/him alive on _____ 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. Poppe (Degree or title) M. D.	22b. ADDRESS Sikeston, Missouri	22c. DATE SIGNED 11.13.58
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23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE 11-14-58	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories	23d. LOCATION (City, town, or county) (State) Sikeston, Missouri
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24. FUNERAL DIRECTOR ADDRESS Funhelee Funeral Chapel Sikeston, Mo 11-20-58	25. DATE RECD. BY LOCAL REG. 11-20-58	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Philip J. Caserly*

Licensed Embalmer No. *4618*

P. O. Address *Subston, 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.