

Health,
L. Welfare
Public
Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-043583

STATE FILE NUMBER

FILED JAN 13 1958 Registration District No. 74 Primary Registration District No. 5294 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HEMPLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hemple
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print) First MINNIE Middle FRANCES Last COOK			4. DATE OF DEATH Month 10 / Day 6 / 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. 7, 1877	9. AGE (In years last birthday) 81	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	----------------------------------	---------------------------------------	-----------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME Joseph Fitch	13b. MOTHER'S MAIDEN NAME Florence Price	14. NAME OF HUSBAND OR WIFE Charles 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. no	17. INFORMANT Glenn Cook, Hemple, Mo.	Address
---	-------------------------------	--	---------

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 cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 26 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Death occurred at	1954 to Oct, 1958 and last saw her alive on 6 Oct, 1958 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
---	--

22a. SIGNATURE (Degree or title) Dr. Luckenbill MD	22b. ADDRESS Plattsburg, Mo.	22c. DATE SIGNED 8 Oct, 1958
--	---------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/8/58	23c. NAME OF CEMETERY OR CREMATORY Stewartsville	23d. LOCATION (City, town, or county) (State) Stewartsville Mo.
---	----------------------	---	--

24. FUNERAL DIRECTOR N.E. Seamanfield, Stewartsville, Mo	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Pauline Chaney (Deputy)
---	------------------------------	--

JAN 24 1974

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 *W. E. James*

Licensed Embalmer No. *3007*
P. O. Address *Stewartville*

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.