

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043864

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

983

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Buffalo</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel/Olsen Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>East Star Route</u>	
3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>Rosella</u> Last <u>Cook</u>		4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 31 - 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (City and state or country) <u>Exline Iowa</u>	
13a. FATHER'S NAME <u>James Cochran</u>		14. NAME OF HUSBAND OR WIFE <u>Charles 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>		17. INFORMANT <u>Mrs Virginia Plemmons</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CIRCULATORY COLLAPSE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>Atherosclerosis - Generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>HR</u> <u>HRS.</u> <u>UNKNOWN</u>	
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.) <u>4201</u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Clinton, Mo.</u>	
21. I attended the deceased from <u>12-20-58</u> to <u>12-27-58</u> and last saw her alive on <u>12-27-58</u> Death occurred at <u>12:05</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE <u>Arturo Gonzalez</u> (Degree or title)		22b. ADDRESS <u>717 E Jefferson, Clinton, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-29-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Gott Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ulman Mo</u>	
24. FUNERAL DIRECTOR <u>EICKOFF</u>		25. DATE RECD. BY LOCAL REG. <u>12-30-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embelmer'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

E L Eickhoff
E L Eickhoff

Licensed Embalmer No. 730

P. O. Address. 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.