

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022272
STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 65

S: 300
1-57

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonald	
b. CITY OR TOWN NEOSHO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ANDERSON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JAKE MEM. H. Length of stay in 1b 10 DA		d. STREET ADDRESS (If outside, give location) RT 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE William COOK			4. DATE OF DEATH Month Day Year 6-26-1959		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1896	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 24 HRS. Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10. KIND OF BUSINESS OR INDUSTRY GEN. MGRS	11. BIRTHPLACE (City and state or country) Cychoave, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOHN COOK	13b. MOTHER'S MAIDEN NAME DEBBA COWAN	14. NAME OF HUSBAND OR WIFE MABEL COOK
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) YES W.P.	16. SOCIAL SECURITY NO. 49530-5325	17. INFORMANT MABEL COOK ANDERSON 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) CHRONIC MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH 5 YEARS 10 M
DUE TO (b) ARTERIO SCLEROSIS CORONARY		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 1952 to 26 JUNE 59 and last saw him alive on 26 JUNE 1959 Death occurred at 6:30 P on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title) MD.	22b. ADDRESS Neosho Mo	22c. DATE SIGNED 9 JULY 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-28-59	23c. NAME OF CEMETERY OR CREMATORY UNION CEM	23d. LOCATION (City, town, or county) (State) Stebba Mo RT.
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24. FUNERAL DIRECTOR Humphreys & Son J Home ADDRESS Waynes St.	25. DATE RECD. BY LOCAL REG. July 10, 1959	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.
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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

MEDICAL CERTIFICATION

JUL 13 1958

Date Filed.....
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10 1958

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 *Mayne E J Humphre*

Licensed Embalmer No. *4262*

P. O. Address *Parisville,*

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.