IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-031914

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 209

NDED

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN UNION — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 410 HOOVER AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HATTIE Middle MAY Last COOKE

4. DATE OF DEATH Month OCT. Day 2, Year 1959

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JULY 7, 1887
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHING
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK
11. BIRTHPLACE (City and state or country) NEW HAVEN, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME SAMUEL CAMPBELL
13b. MOTHER'S MAIDEN NAME LETHE E. HARRISON
14. NAME OF HUSBAND OR WIFE Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT ELMER COOKE Address ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 34 yrs.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1938, to 10.8.59 and last saw her/him alive on 10.1.59
Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Union Mo
22c. DATE SIGNED 10.3.59

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE OCT. 5, 1959
23c. NAME OF CEMETERY OR CREMATORY valhalla chapel of mem.
23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME UNION, MO.
25. DATE RECD. BY LOCAL REG. 10/4/59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.