URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1959

59-035005

STATE FILE NUMBER

Registration District No. 370 Primary Registration District No. 6258 Registrar's No. 23

AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wayne
c. CITY OR TOWN Greenville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Russell Middle: Paul Last: Cook

4. DATE OF DEATH Month: Oct. Day: 5 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov. 25, 1896

9. AGE (last birthday): 62

IF UNDER 1 YEAR: Months 10 Days 10

IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Missouri Pacific R.R.

11. BIRTHPLACE (City and state or country): Boston, Ky.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Murray Cook

13b. MOTHER'S MAIDEN NAME: Blanche Tucker

14. NAME OF HUSBAND OR WIFE: Alice Josephine Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 704-1609

17. INFORMANT: Alice J. Cook Address: Greenville 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) Cardiac failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute Myocardial Infarction

DUE TO (c) Coronary Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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 6/4/59, to 10/5/59 and last saw him alive on 9/23/59

Death occurred at 10/5/59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David V. Miller M.D.

22b. ADDRESS Poplar Bluff Mo.

22c. DATE SIGNED 10-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 8, 1959

23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel

23d. LOCATION (City, town, or county) Hiram (State) Mo.

24. FUNERAL DIRECTOR Bowles-Bish Funeral Home ADDRESS Greenville Mo.

25. DATE REC'D. BY LOCAL REG. 10/10/59

26. REGISTRAR'S SIGNATURE Gretta M. Ward

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 15 1969

VS OCT 15 1969

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Norman W. Gish

Signature of Student Embalmer

Licensed Embalmer No. 3387

P. O. Address Redmon

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