

FEDERAL BUREAU OF INVESTIGATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040672

FILED VS DEC 1 1959

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 173

ENDED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper																	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oronogo		Length of stay in 1b life		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Oronogo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1 Oronogo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
3. NAME OF DECEASED (Type or print) First Vernon Middle A Last Cook				4. DATE OF DEATH Month Nov. Day 25 Year 1959																	
5. SEX Male		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 7-9-1889		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Jasper Co. Mo.				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME D Cook				13b. MOTHER'S MAIDEN NAME Mary Micheal				14. NAME OF HUSBAND OR WIFE Roxie 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. Roxie Cook				17. INFORMANT Roxie Cook				Address Rt. 1 Oronogo, 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) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Chronic Myocarditis DUE TO (b) 30 MIN. DUE TO (c) Yrs.										INTERVAL BETWEEN ONSET AND DEATH											
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)																	
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 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 3-10-58 to 11-25-59 and last saw him alive on 11-25-59 Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE <i>Glenn R. Gray</i> (Degree or title) D.O.								22b. ADDRESS Alba, Mo.				22c. DATE SIGNED 11-27-59									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 11-28-59		23c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery				23d. LOCATION (City, town, or county) (State) N. of Webb City, Mo											
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary Webb City, Mo.								25. DATE RECD. BY LOCAL REG. 11-28-59				26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.