

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 8 5 9
STATE FILE NUMBER

FILED VS. JAN 11 1960 245

Primary Registration District No. 3047

Registrar's No. 5

RECEIVED

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		c. CITY OR TOWN ANDERSON	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SABE MEM. Hosp		d. STREET ADDRESS (If outside, give location) RT. 2	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK H. COOK		4. DATE OF DEATH Month Day Year 12-21-1959	
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 8-31-1881
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min. 2 20	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 RET.	11. BIRTHPLACE (City and state or country) CHEROKEE, KANS.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME ALBERT COOK	13b. MOTHER'S MAIDEN NAME MARGARET A SCHREAGER
14. NAME OF HUSBAND OR WIFE NEHIE 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. 498-28-5657
17. INFORMANT Address Mrs Nehie Cook		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Cardiac decompensation. DUE TO (c) Hypertension. 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 a.m. p.m. Month, Day, Year	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 Oct. 27, 1959 to 12-21-59 and last saw him alive on 12-21-59 Death occurred at 9:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W Blankensh, M.D.	22b. ADDRESS Neosho Mo.	22c. DATE SIGNED 1-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-23-59	23c. NAME OF CEMETERY OR CREMATORY PEACE VALLEY CEM	23d. LOCATION (City, town, or county) (State) ANDERSON Mo.
24. FUNERAL DIRECTOR ADDRESS Humphreys & Sons & Home	25. DATE RECD. BY LOCAL REG. Jan. 6, 1960	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.	

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 Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Quinnville

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.