URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008071

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1997 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Saline
c. CITY OR TOWN: Eldorado — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1400 Grove Street., — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RUEL — Middle: Osval — Last: COOK
4. DATE OF DEATH: Month: FEBRUARY — Day: 17 — Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/25/03
9. AGE (last birthday): 56 — 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): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Hamilton County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eb Cook
13b. MOTHER'S MAIDEN NAME: Tessie Keasler
14. NAME OF HUSBAND OR WIFE: Lorraine Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~No~~ Yes — (If yes, give war or dates of service): ~~Nil~~ WW 2
16. SOCIAL SECURITY NO.: 356-12-6921
17. INFORMANT: Lorraine Cook, Address: Eldorado, Illinois.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MEDIASTINAL SHIFT — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PNEUMONECTOMY — 1/ YEARS
DUE TO (c) CARCINOMA OF RIGHT LUNG 163x — UNKNOWN
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 APRIL 25, 1958, to FEB. 17, 1960 and last saw her/him alive on FEB. 17, 1960
Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion M.D. (Degree or title): M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/20/60
23c. NAME OF CEMETERY OR CREMATORY: Lindale Gardens
23d. LOCATION (City, town, or county) (State): Eldorado, Illinois.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, Inc., 4700 Washington
25. DATE RECD. BY LOCAL REG.: FEB 20 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director DOCUMENT

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_____ Signed Elmo R. Sadi

Signature of Student Embalmer

Licensed Embalmer No. 4079

P. O. Address St Lou

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.