

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009464

FILED VS MAR 10 1960

Registration District No. 3251 Primary Registration District No. 4480 Registrar's No. 8 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Schelor</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>GREENTOP</u>		Length of stay in lb <u>2m 23da</u>	c. CITY OR TOWN <u>RURAL - ELM. TWP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NURSING HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>EFFIE</u> Middle <u>-</u> Last <u>CROOKS</u>			4. DATE OF DEATH Month <u>MAR</u> Day <u>4</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 20 72</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Putnam Co. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>WALTON HATFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA BOYD</u>		14. NAME OF HUSBAND OR WIFE <u>CYRUS COOKES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>E. Crooks</u> Address <u>MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>10 yrs.</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
DUE TO (c) _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
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 checked="" 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.) <u>-</u>
20c. TIME OF INJURY Hour <u>-</u> s.m. <u>-</u> p.m. <u>-</u> Month, Day, Year <u>-</u>		
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.) <u>-</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>-</u>

21. I attended the deceased from 7/20/58 to 3/4/60 and last saw her alive on 3/4/60
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Print name of file) <u>Edward M. Roberts, M.D.</u>		22. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>3/5/60</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>B</u>	23b. DATE <u>March 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARIONSTOWN</u>	23d. LOCATION (City, town, or county) <u>PUTNAM</u>	(State) <u>MO</u>
24. FUNERAL DIRECTOR <u>FD - United Burial Home</u>		ADDRESS <u>Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 6, 1960</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. A. J. Drake</u>				

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Hunter

Licensed Embalmer No. 330

P. O. Address Memphis

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.