URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009643
STATE FILE NUMBER

FILED VS MAR 15 1960

NDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Length of stay in 1b 2 yrs 7 mo 28 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #3 — Inside Limits Yes ☐ No ☑

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

3. NAME OF DECEASED (Type or print) First Olaf Middle — Last Cook
4. DATE OF DEATH Month Feb Day 27 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 3, 1894
9. AGE (last birthday) 59 yrs — IF UNDER 1 YEAR Months 9 Days 24 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Polk County, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME A. J. Cook
13b. MOTHER'S MAIDEN NAME Nancy Ellen Logan
14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Hospital Records — Address Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sev. Arterio Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pickwick Phrenic Hefephrenic
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 March 1, 1956, to Feb. 27, 1960 and last saw her/him alive on 2-26-60
Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. C. Bradley M.D.
22b. ADDRESS State Hospital #3, Nevada Mo.
22c. DATE SIGNED 2-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-29-60
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Mountain View, Missouri.

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mountain View, Mo.
25. DATE RECD. BY LOCAL REG. 3-9-1960
26. REGISTRAR'S SIGNATURE Anna L. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 [illegible]

Licensed Embalmer No. 4853

P. O. Address [illegible]

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