

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

=60-025885
STATE FILE NUMBER

INDEXED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 751

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 15 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital 1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3132 Burnside		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last ALBERT BRINK COOK				4. DATE OF DEATH Month Day Year July 9, 1960						
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 12/26/1888		9. AGE (last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) King City, Mo.		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME William Cook			13b. MOTHER'S MAIDEN NAME Drucilla Davis			14. NAME OF HUSBAND OR WIFE Mary Lucy 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. 491-30-7762		17. INFORMANT Mrs. A. B. Cook, 3132 Burnside, St. Joseph, 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) <i>Acute cardiac dilatation</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Minutes</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Severe, calcific aortic stenosis</i>								<i>Years.</i>		
DUE TO (c) <i>Arteriosclerotic and rheumatic heart disease</i>								<i>Years.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Congestive heart failure; Prostatic urethral obstruction.</i>						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 checked="" type="checkbox"/> NO <input 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 <i>10/22/69</i> to <i>July 9, 1960</i> and last saw him alive on <i>July 8, 1960</i> Death occurred at <i>10:30 a.</i> on the date stated above, and to the best of my knowledge from the causes stated.										
22a. SIGNATURE (Degree title) <i>Fayll C. Tolton, M.D.</i>				22b. ADDRESS <i>Physicians Surgeons Bldg.</i>		22c. DATE SIGNED <i>July 13, 1960</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>7/12/1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Excelsior Springs, Mo.</i>				
24. FUNERAL DIRECTOR <i>Hester Bowman</i>		ADDRESS <i>St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>July 14, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>				

DOCUMENT

BY AFFIDAVIT OF F. A. Patten, M.D. 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 William Spading

Licensed Embalmer No. 4535

P. O. Address St Joseph

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.