

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035710

FILED VS. SEP 28 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 186

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. James</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phelps Co Memorial Hosp</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b></b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ANDY</b> Middle <b>FRANKLIN</b> Last <b>COOK</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>17</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 25, 1933</b>	9. AGE (last birthday) <b>27</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>22</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Worker</b>	11. BIRTHPLACE (City and state or country) <b>Bloomfield, Missouri USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>James Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Robey</b>		14. NAME OF HUSBAND OR WIFE <b>Juantia</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>488-34-9920</b>		17. INFORMANT <b>Juantia Cook St. James, Missouri</b>	

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)	<b>Cerebral Concussion</b>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Automobile Accident</b>	
DUE TO (b)		
DUE TO (c)		
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Ran Car off road -</b>
20c. TIME OF INJURY Hour <b>9</b> Month, Day, Year <b>16 60</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1st way</b>	20f. CITY, TOWN, OR LOCATION <b>Cherryville</b>	COUNTY <b>Deer</b> STATE <b>MO</b>
21. I attended the deceased from <b>9-16-60</b> to <b>9-17-60</b> and last saw him alive on <b>9-17-60</b>		Death occurred at <b>7</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <b>Wm R Lytle M D</b>		22b. ADDRESS <b>Rolla Mo</b>	22c. DATE SIGNED <b>9/17/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 20, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walker Cemetery</b>	23d. LOCATION (City, town, or county) <b>Bloomfield, Mo.</b>
24. FUNERAL DIRECTOR <b>Jesse Galbreath</b>		25. STATE RECD. BY LOCAL REG. <b>Sept 19, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Nadene L Stoll</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 28 1960

**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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James

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