

# MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038785

INDEXED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 170

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JASPER</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MINERAL TWSP.</u> Length of stay in 1b <u>45 YRS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JASPER</u> c. CITY OR TOWN <u>JOPLIN</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3421 EAST 13TH ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELMHURST CONVALESCENT HOME</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3421 EAST 13TH ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>MARY</u> Middle <u>ELIZABETH</u> Last <u>COOK</u>			<b>4. DATE OF DEATH</b> Month <u>OCTOBER</u> Day <u>16</u> Year <u>1960</u>				
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-24-1874</u>	<b>9. AGE</b> (last birthday) <u>86</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>HOME</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>BEDFORD COUNTY, TENN.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>JOHN SUTTON</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNK</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>DEC'D JOHN C. COOK, 1946</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>UNK</u>		<b>17. INFORMANT</b> <u>DAU-</u> Address <u>MRS. CHRISTINE BOYD, 3421 E. 13TH ST</u>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure, Auricular fibrillation.</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.		INTERVAL BETWEEN ONSET AND DEATH <u>over 3 wks</u>  <u>Undetermined</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile psychosis</u>		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	
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	

21. I attended the deceased from 10-1-60 to 10-16-60 and last saw her her on 10-11-60  
 Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Steve Parker</u>		<b>22b. ADDRESS</b> <u>DeTar Clinic 410 Jackson, Joplin, Missouri</u>		<b>22c. DATE SIGNED</b> <u>10-17-60</u>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>23b. DATE</b> <u>10-18-60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>FOREST PARK CEMETERY,</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>JOPLIN, MISSOURI 1960</u>	

<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-17-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Madeline Sirtzer</u>	
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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin

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.