

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045511

FILED VS DEC 20 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 418

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cola</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Okla.</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Heffarson City</u>		Length of stay in 1b		c. CITY OR TOWN <u>Colgate</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mol State Prison</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East Cedar Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Houston</u> Last <u>Cook</u>			4. DATE OF DEATH Month <u>12</u> Day <u>9</u> Year <u>60</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/4/24</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Colgate, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Houston Cook</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs. Houston Cook</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1942-1945</u>			16. SOCIAL SECURITY NO. <u>1942-1945</u>		17. INFORMANT <u>Missouri State Prison</u>			Address
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>Coronary Occlusionic Infarct</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <u>Epilepsy - Grandmal</u>						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 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 <u>9:00 p.m.</u>		Month, Day, Year <u>12/9/60</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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>12-3-60</u> to <u>12-9-60</u> and last saw ^{her} him alive on <u>12-8-60</u> Death occurred at <u>9:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>M.S.P. Hospital</u>		22c. DATE SIGNED <u>12/10/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-13-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Coalgate Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Coalgate, Oklahoma</u>		
24. FUNERAL DIRECTOR <u>Cooper Funeral Home Coalgate, Okla.</u>				25. DATE RECD. BY LOCAL REG. <u>10 December 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - Richter D.D.</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 Bill McLaughlin Student Embalmer No. 620

working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Hous

Licensed Embalmer No. 457

P. O. Address Jefferson

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