

MOUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012211

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 16

AMENDED

FILED VS MAR 14 1961

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs, Mo.		Length of stay in 1b 5 months	c. CITY OR TOWN Higginsville, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forsythe Restorium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1405 Main
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Joseph Middle Fredrick Last Cook			4. DATE OF DEATH Month March Day 3 Year 1961		
5. SEX Male	6. COLOR OR RACE Caucasion	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-1-1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank teller		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Concordia, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Fredrick Cook		13b. MOTHER'S MAIDEN NAME Christine Frerking		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Flora Cook		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia lobar		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
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) Colloid Goiter, massive.		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	
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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 Hour a.m. p.m. Month, Day, Year			
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 3-5-61 to 3-5-61 and last saw ^{her}him alive on 3-5-61
Death occurred at 2:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or other) <i>Charles S. Ashley, M.D.</i>	22b. ADDRESS <i>Sweet Springs, Mo.</i>	22c. DATE SIGNED 3-8-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-5-61	23c. NAME OF CEMETERY OR CREMATORY Evangelical	23d. LOCATION (City, town, or County) Higginsville, Mo.
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24. FUNERAL DIRECTOR <i>Forest R. Hofer</i>	ADDRESS Higginsville, Mo.	25. DATE RECD. BY LOCAL REG. March 8, 1961	26. REGISTRAR'S SIGNATURE <i>Merf Mosley</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 21 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest R. Hoefen

Licensed Embalmer No. 4801

P. O. Address Higginsville

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.