SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016186
STATE FILE NUMBER

AMENDED

Registration District No. 381 Primary Registration District No. 45/15 Registrar's No. 32

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY Sullivan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan
Length of stay in 1b 2 wks.
c. CITY OR TOWN Clay Twp.
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SCM Hospital
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) East 7 Harris Mo.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle ROBERT Last COOK
4. DATE OF DEATH Month 4 Day 7 Year 1961

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-25-1868
9. AGE (last birthday) 92
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) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Russell Co. Va.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME W. K. Cook
13b. MOTHER'S MAIDEN NAME Mahalon Campbell
14. NAME OF HUSBAND OR WIFE Nancy Fields Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Hester Baugher Address Harris Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 10-15 years → 72 hours
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis, Coma and death — INTERVAL BETWEEN ONSET AND DEATH 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 20 years
DUE TO (c) Fractured Right hip — 7 days

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 1950, to April 1961 and last saw her/him alive on 4-7-61
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. W. Eitel D.O.
22b. ADDRESS Salt Missouri
22c. DATE SIGNED 4-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY Asbury Cem.
23d. LOCATION (City, town, or county) (State) Harris Mo.

24. FUNERAL DIRECTOR Judd & Payne ADDRESS Newtown Mo.
25. DATE RECD. BY LOCAL REG. 4-11-61
26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 T. Howard Jewell

Licensed Embalmer No. 3240

P. O. Address New Town

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.