MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1961

61-028219
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 244

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: 5 mo.
c. FULL NAME OF (If NOT in hospital, give location) ~~HOSPITAL~~ OR INSTITUTION: Community Nursing Home #2
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 4
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First SOPHIA Middle E. Last COOK
4. DATE OF DEATH: Month August Day 31 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/16/76
9. AGE (last birthday): 85
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): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: Jacob R. Cook
13b. MOTHER'S MAIDEN NAME: Catherine Rider
14. NAME OF HUSBAND OR WIFE: never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: George Cook, Address: Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sepsis — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pyelonephritis-Acute — weeks
DUE TO (c): Ascending Urinary tract infection-Undetermined Etiology — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
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 17, 1961, to Aug. 31, 1961 and last saw her alive on Aug 30, 1961
Death occurred at 1:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: George H. Scheuer (Degree or title) DO
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 9-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/2/61
23c. NAME OF CEMETERY OR ~~CREMATORY~~: Union
23d. LOCATION (City, town, or county) (State): Gibbs, Adair, Mo.
24. FUNERAL DIRECTOR ADDRESS: Foster Memorial Home, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 1, 1961
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

GEORGE H. SCHEUER, D.O.

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 Joe E. Foster

Licensed Embalmer No. 4742

P. O. Address Lebanon, Mo.

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.