# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028566
STATE FILE NUMBER

AMENDED

FILED SEP 5 1961

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 355

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: Cape Girardeau Co. | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE: Mo. b. COUNTY: Stoddard |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau, Mo. — Length of stay in 1b | c. CITY OR TOWN: Puxico — Inside Limits: Yes ☐ No ☑ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: South East Mo. Hosp. — Inside Limits: Yes ☐ No ☐ | d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☑ No ☐ |

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|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: Beulah Middle: Last: Cookson | | | 4. DATE OF DEATH Month: Aug. Day: 5 Year: 1961 | | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH: 10-13-1891 | 9. AGE (last birthday): 69 | 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): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country): Illinois | 12. CITIZEN OF WHAT COUNTRY: U S A | | |
| 13a. FATHER'S NAME: David GTurnipseed | 13b. MOTHER'S MAIDEN NAME: Ollie Griffy | 14. NAME OF HUSBAND OR WIFE: Robert Cookson | | | |
| 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 — Address | | | |

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): Arteriosclerotic HT disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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)

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 8-3-61, to Aug 5, 1961 and last saw her alive on Aug 5, 1961

Death occurred at 8 35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|---|---|
| 22a. SIGNATURE (Degree or title): Harold O Ridings MD | 22b. ADDRESS: Cape Girardeau, Mo. | 22c. DATE SIGNED: 28 Aug 61 |

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|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 8-7-61 | 23c. NAME OF CEMETERY OR CREMATORY: Browns Cemetery | 23d. LOCATION (City, town, or county) (State): Puxico (Rurial) |
| 24. FUNERAL DIRECTOR: Watkins & Sons | ADDRESS: Puxico, Mo. | 25. DATE RECD. BY LOCAL REG.: 8-31-61 | 26. REGISTRAR'S SIGNATURE: Irene Karten |

(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

**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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.