MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028652
STATE FILE NUMBER

AMENDED

Registration District No. 78 Primary Registration District No. 5291 Registrar's No. 92

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LIBERTY, MO. — Length of stay in 1b: 19 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: I.O.O.F. HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: CLAY
c. CITY OR TOWN: CLAYCOMO — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 318 E. LOWELL — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOUISE — Middle — Last COOK
4. DATE OF DEATH: Month Aug — Day 27 — Year 1961
5. SEX: Fem
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-19-1873
9. AGE (last birthday): 84 — 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): WICHITA, KANS.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JERIMIAH CATTFIELD
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: RICHARD B. COOK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RICHARD B. COOK — Address: 318 E. LOWELL CLAYCOMO, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 month
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 Aug 8 61 to Aug 27 and last saw her alive on Aug 27
Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm H Goodson MD
22b. ADDRESS: Liberty Mo
22c. DATE SIGNED: 8/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-30-1961
23c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEM.
23d. LOCATION (City, town, or county): LIBERTY (State) MO.

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: N.K.C. Mo
25. DATE RECD. BY LOCAL REG.: 8-30-61
26. REGISTRAR'S SIGNATURE: Mabel Graham

(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

MEDICAL CERTIFICATION

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_____ Signed Glenn H. Hill

Signature of Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K. C. 18 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.