

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036229
STATE FILE NUMBER

AMENDED

Registration District No. 64 Primary Registration District No. 5242 Registrar's No. 40

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bee Branch Township</u>	Length of stay in 1b <u>52 years</u>	c. CITY OR TOWN <u>New Cambria (Rural)</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mi. S. of New Cambria</u>		d. STREET ADDRESS (If outside, give location) <u>Bee Branch twp.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>Evelyn</u> Last <u>Cook</u>	4. DATE OF DEATH Month <u>October</u> Day <u>31</u> Year <u>1961</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/23/91</u>	9. AGE (last birthday) <u>69 yrs.</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home.</u>	11. BIRTHPLACE (City and state or country) <u>Shannondale, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas Frazier</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Cupp</u>	14. NAME OF HUSBAND OR WIFE <u>James Curtis Cook</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT <u>Miss Fern Cook, New Cambria, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardio-vascular accident</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senility</u>	
	DUE TO (c) <u>Obesity</u>	

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. <input type="checkbox"/> Yes <input checked="" 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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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
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21. I attended the deceased from <u>Oct 31, 1961</u> to <u>Oct 31, 1961</u> and last saw her/him alive on <u>Oct 31, 1961</u> Death occurred at <u>4:15 pm</u> 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) <u>Thomas A. Houston D.C.</u>	22b. ADDRESS <u>New Cambria, Missouri</u>	22c. DATE SIGNED <u>11-1-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/2/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rice Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lagoda, Chariton County, Mo.</u>
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24. FUNERAL DIRECTOR <u>H. Hilliard New Cambria Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-2-1961</u>	26. REGISTRAR'S SIGNATURE <u>Oliver Spence, Deputy</u>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

NOV 14 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 *A. J. Gilleland*

Licensed Embalmer No. 4019

P. O. Address New Columbia 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.