

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038002

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 234

AMENDED

FILED NOV 8 1961

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

3. NAME OF DECEASED (Type or print) First <u>ENSEPE</u> Middle <u>LE ROY</u> Last <u>COOK</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>27</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 30, 1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>CLEMENTINE Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Geo Cook</u>		13b. MOTHER'S MAIDEN NAME <u>CLEMENTINE Clump</u>		14. NAME OF HUSBAND OR WIFE <u>MARY COOK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT <u>MARY COOK NEWBURG Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>arteriosclerotic Heart Disease</u>		<u>5 yr</u>
DUE TO (b) <u>Generalized arteriosclerosis</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sunday morning</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.) <u>no</u>
20c. TIME OF INJURY Hour <u>6:00</u> a.m. Month, Day, Year <u>10/22/61</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 <u>Newburg</u>	COUNTY <u>Phelps</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>10/22/61</u> to <u>10/27/61</u> and last saw him alive on <u>10/27/61</u> Death occurred at <u>6:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>James H. Bessard</u>	(Degree & title)	22b. ADDRESS <u>Edley Museum</u>	22c. DATE SIGNED <u>10/28/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Oct 29, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newburg Mo.</u>
24. FUNERAL DIRECTOR <u>LEE JOHNSON</u>		ADDRESS <u>Newburg Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 29, 1961</u>
		26. REGISTRAR'S SIGNATURE <u>Nadine L Stoll</u>	

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

**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 William L. Strawn

Licensed Embalmer No. 5043

P. O. Address Newburg, 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.