

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038186

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. --- Registrar's No. 422

FILED NOV 7 1961

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township | | Length of stay in 1b 30Y; 8M; 13 das. | c. CITY OR TOWN Fredericktown Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route 4 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle C. Last COOK | | | 4. DATE OF DEATH Month Oct. Day 20 Year 1961 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 17, 1904 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months 5 Days 3 | IF UNDER 24 HR Hours 28 Min. hrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman in a Creamery | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Madison Co., Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME George W. Cook | | 13b. MOTHER'S MAIDEN NAME Luvana Moyers | | 14. NAME OF HUSBAND OR WIFE | | |

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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) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Records, State Hospital No. 4, Farmington, Mo. | Address |
|---|---|--|---------|

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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: IMMEDIATE CAUSE (a) Coronary thrombosis - - - - - | | INTERVAL BETWEEN ONSET AND DEATH 28 hrs. |
| DUE TO (b) Coronary Sclerosis = - - - - - | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Praecox Psychosis - - - - - Abt. 32 years. | | 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.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year | 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 |

| | | |
|---|---|-------------------------------------|
| 21. I attended the deceased from Oct. 19, 1961 to Oct. 20, 1961 and last saw him <input checked="" type="checkbox"/> alive on Oct. 20, 1961 Death occurred at 2:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <i>John A. Brennan MD</i> | 22b. ADDRESS State Hospital No. 4 Farmington, Missouri | 22c. DATE SIGNED 10-20-61 |

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|--|-----------------------------------|---|---|
| 23a. BURIAL / CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 22, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery | 23d. LOCATION (City, town, or county) (State) Fredericktown, Missouri |
| 24. FUNERAL DIRECTOR Adamson-Webb Funeral Home, Fredericktown, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. Oct. 20, 1961 | 26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i> |

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1961 NOV 9 SA

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 *[Handwritten Signature]*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN

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.