

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017993

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 2006 Registrar's No. 318

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
10109  
2 0197  
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>FALSE DEATH</b> JUN 11 1962</p> <p>a. COUNTY <u>Boone</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u></p>		<p>Length of stay in 1b <u>14 years</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stephens Building</u></p>		<p>d. STREET ADDRESS (If outside, give location) <u>401 1/2 Hirth</u></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Nannie</u> Middle <u>A.</u> Last <u>Cook</u></p>		<p>4. DATE OF DEATH Month <u>6</u> Day <u>2</u> Year <u>1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12/22/1889</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Thomas Clark</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Maggie Redenbaugh</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Frank Cook, Dec.</u></p>		<p>Address</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. _____</p>	
<p>17. INFORMANT <u>Robert Cook</u></p>		<p>Address <u>Hallsville, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u></p> <p>DUE TO (c) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____</p>		<p>COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1960</u> to <u>Present</u> and last saw her/him alive on <u>June 62</u>. Death occurred at <u>8:10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Deed or title) <u>[Signature]</u></p>		<p>22b. ADDRESS <u>MD. 1009 Cherry Columbia</u></p>	
<p>22c. DATE SIGNED <u>4 June 62</u></p>		<p>(State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>6/4/1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Rocheport, Cemetery Rocheport, Missouri</u></p>	
<p>23d. LOCATION (City, town, or county) _____</p>		<p>(State) _____</p>	
<p>24. FUNERAL DIRECTOR <u>Lyman Sprinkle</u></p>		<p>ADDRESS <u>Columbia, Mo.</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>June 4, 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u></p>	

**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

*Richard A. Reeves*

Licensed Embalmer No. 5109

P. O. Address 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.