

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025986

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 52

STATE FILE NUMBER

VS 300
Rev. 4/591 00902 0090

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12 90-213 1-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SCORUS</u>		c. CITY OR TOWN <u>LUTESVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RRT</u>		d. STREET ADDRESS (If outside, give location) <u>RRT 2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HALLIE S COOK</u>		4. DATE OF DEATH Month Day Year <u>7 5 1962</u>	
5. SEX <u>F M</u>	6. COLOR OR RACE <u>W</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>7-22-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>ANDREW HANNERS</u>		11b. MOTHER'S MAIDEN NAME <u>ELIZABETH HANNERS</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>NO</u>	
13a. NAME OF HUSBAND OR WIFE <u>JOHNSON COOK</u>		13b. ADDRESS <u>JOHNSON COOK PATTON MO</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>90 days</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>Hypertension</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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>about one year</u>		20f. CITY, TOWN, OR LOCATION <u>Advance MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on <u>7/5/62</u> Death occurred at <u>7:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E.C. Masters</u> (Degree or title)		22b. ADDRESS <u>Advantage MO.</u>	
22c. DATE <u>7-7-62</u>		22d. DATE SIGNED <u>July 9, 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Publiam Cem.</u>	23c. LOCATION (City, town, or county) <u>DATON MO</u>	
24. FUNERAL DIRECTOR <u>Kene Ward Lutesville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>July 11-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	

(Licensed Embellisher's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

JUL 18 1962

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 _____

R. O. Laine

Licensed Embalmer No. _____

4538

P. O. Address _____

Jackson, 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.