

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030603

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1277

DO NOT WRITE ON THIS STUB

AMENDED

<p>FILED AUG 29 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Greene</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in 1b <u>15 yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W.O.A. St. Johns Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Greene</u></p> <p>c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>851 N. Glenstone</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Irvin</u> Last <u>Cook</u></p>			<p>4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1962</u></p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12-13-1896</u></p>	<p>9. AGE (last birthday) <u>65</u></p>	<p>IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Iowa</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>		<p>13a. FATHER'S NAME <u>Edwin Ellsworth Cook</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Nellie Virginia Gorsuch</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Sela Ann Cook</u></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. <u> </u></p>		<p>17. INFORMANT Address <u>Sela Ann Cook, Springfield, Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for part I and part II)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart Disease with</u></p> <p style="text-align: center;">DUE TO (b) <u>Prostate Myocardial Infarction</u></p> <p style="text-align: center;">DUE TO (c) <u> </u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</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>INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u> <u>1 hour</u></p>					
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input 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 <u> </u> s.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u></p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>Springfield</u> COUNTY <u>Greene</u> STATE <u>Mo.</u></p>	
<p>21. I attended the deceased from <u>1959</u> to <u>8-21-62</u> and last saw her/him alive on <u>8-10-62</u> Death occurred at <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>Cecil R. Auner M.D.</u></p>			<p>22b. ADDRESS <u>600 S. Glenstone Springfield Mo.</u></p>		<p>22c. DATE SIGNED <u>8-24-62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>8-25-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Brookline Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Brookline Missouri</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Rainey's Chapel, Springfield, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>8-27-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u></p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

CECIL AUNER
USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
10397
20397
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AUG 30 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 H W Forester

Licensed Embalmer No. 2201

P. O. Address Wt Vemore, 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.

Permit 8-34-62