

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045658
STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 113

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070
2 1070-
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4 0
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12 23-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

FILED DEC 11 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Texas		b. CITY (If outside corporate limits, give TOWNSHIP only) Houston		a. STATE Missouri b. COUNTY Texas	
c. FULL NAME OF (If NOT in hospital, give location) Houston Medical Center		Length of stay in lb 45 mins		c. CITY OR TOWN Roubidoux Twp.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Evening Shade Rt. Plato		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First Middle Last SAM JONES COOK		Month Day Year Dec. 2, 1962		6. COLOR OR RACE white	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-29-1895		9. AGE (last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mess Attendant		10b. KIND OF BUSINESS OR INDUSTRY Civil Service		11. BIRTHPLACE (City and state or country) Innes, Texas	
13a. FATHER'S NAME William Marion Cook		13b. MOTHER'S MAIDEN NAME Elizabeth McKay		14. NAME OF HUSBAND OR WIFE Gladys	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW 2		17. INFORMANT Mrs. Gladys E. Cook, Plato, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line)		PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute & Extensive Myocardial Infarction Terminal		DUE TO (b)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		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 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 Houston, Missouri		20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from Jan 5, 1951 to Dec 2, 1962 and last saw him alive on Dec 2, 1962		22a. SIGNATURE [Signature]		22b. ADDRESS Houston, Missouri	
22c. DATE SIGNED 12-4-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-1962	
23c. NAME OF CEMETERY OR CREMATORY Palace Cemetery		23d. LOCATION (City, town, or county) Palace, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Elliott Duff, Houston, Missouri		25. DATE RECD. BY LOCAL REG. 12-5-62		26. REGISTRAR'S SIGNATURE [Signature]	

DEC 12 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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, 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.