MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-046334
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 82 Primary Registration District No. 4148 Registrar's No. 159

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Otterville — Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Cooper
c. CITY OR TOWN: Otterville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: NORVEL Middle: AVENGTON Last: COOK
4. DATE OF DEATH Month: Dec. Day: 21 Year: 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 28, 1892
9. AGE (last birthday): 69 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and state or country): Otterville, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George H. Cook
13b. MOTHER'S MAIDEN NAME: Cynthia alice King
14. NAME OF HUSBAND OR WIFE: Georgia Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Georgia Cook, Otterville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerotic Heart Disease — 2-3 years
DUE TO (c): Angina Pectoris + Congestive Failure — 2-3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): General Arteriosclerosis, Nephritis, Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1960 to 12/21/62 and last saw him alive on 12/21/62
Death occurred at 7:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. V. Benton (Degree or title) D.O.
22b. ADDRESS: Box 88 Otterville, Mo.
22c. DATE SIGNED: 12/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-23-62
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F Cemetery
23d. LOCATION (City, town, or county) (State): Otterville Mo
24. FUNERAL DIRECTOR: Hays-Painter, Otterville Mo
ADDRESS
25. DATE RECD. BY LOCAL REG.: 12/23/62
26. REGISTRAR'S SIGNATURE: R. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0270		
2	0270		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	4201		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O Address Pilot Grove, 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.