

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034962

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. 5025 Registrar's No. 85

FILED OCT 1 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Templeton. Twp.		c. CITY OR TOWN Rock Port.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location) Templeton Twp.	
3. NAME OF DECEASED (Type or print) First Avella Middle Jean Last Cook		4. DATE OF DEATH Month 9 Day 16 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) San Bernideno, Cal., US
13a. FATHER'S NAME George Cook		13b. MOTHER'S MAIDEN NAME Nina Roberts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		17. INFORMANT George Cook, Rock Port., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of brain			INTERVAL BETWEEN ONSET AND DEATH 2 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (e)			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 checked="" 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.) Shot in head by .22 Calibre rifle.	
20c. TIME OF INJURY Hour 8 a.m. 9-16-63 p.m.		20f. CITY, TOWN, OR LOCATION Phelps City Mo. COUNTY Atchison STATE Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. I attended the deceased from 9-16-63 to 9-16-63 and last saw him alive on 9-16-63 Death occurred at 10¹⁵ P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wallace Carpenter M D (Degree or title)		22b. ADDRESS Rock Port Mo	
22c. DATE SIGNED 9-20-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-19-1963	
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) (State) Tarkio. Mo.,	
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rock Port. ADDRESS		25. DATE RECD. BY LOCAL REG. Sept 25, 1963	
26. REGISTRAR'S SIGNATURE Therwin A. Schaefer			

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 *Art Berhatom*

Licensed Embalmer No. 3178

P. O. Address Roseville, Md.

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.