

9184

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049350  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12666

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	
2 4007	
3	
4 0	
5 1	
6	
7 1	
8 2	
9	
10	
11	
12 58-0	
13	
58	

**FILED JAN 6 1964**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN Webster Groves Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 330 W. Lockwood Ave. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
John Willis Cook Dec. 21 1963

5. SEX M.M. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/20/78 9. AGE (last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance 10b. KIND OF BUSINESS OR INDUSTRY Insurance 11. BIRTHPLACE (City and state or country) White Oak, Ohio 12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Major James F. Cook 13b. MOTHER'S MAIDEN NAME Mary A. Myers 14. NAME OF HUSBAND OR WIFE Helen H. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes 16. SOCIAL SECURITY NO. Herold F. Hencken, 222 Spence Rd. W. G. 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) Pneumonia (Virus Type) 10 days  
Blunt Atherosclerotic Heart Disease 10 yrs  
Diabetes mellitus Cirrhosis Liver 10 yrs  
myeloid Leukemia Probably 4 or 5 yrs  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2:60 XH

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 about Jan 1951 to Dec 21 1963 and last saw him alive on Dec 22 1963. Death occurred at about 5 am 1963 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Victor Reese M.D. 22b. ADDRESS 120 E Lockwood Webster Groves, Mo. 22c. DATE SIGNED 12/21/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/23/63 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves, Mo. 25. DATE RECD. BY LOCAL REG. DEC 23 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Lealie Welch

Licensed Embalmer No. 4395

P. O. Address Walter Groves 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.