## 865-04368 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 3023 STATE FILE NUMBER Registration District No. DO NOT WRITE **AMENDED** FILED DEC 1 3 1966 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 admission) AMENDED Henry <u> Henry</u> Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 16 c. CITY Inside Limits OR TOWN TOWN Clinton Yes [] No 🗌 Clinton hr,sc. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm ADDRESS HOSPITAL OR institution Clinton Gen Hosp Yes 🗱 No 🗆 Yes D No 17/1 308 <u>/242</u>S NAME OF DECEASED First Middle DATE Month Day Year Last OF (Type or print) DEATH Fred 1965 Cook 9. AGE (last birthday) 0 IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. Married 🖎 Never Married Days Months Widowed [ Divorced [ 6-5-189d 10a. USUAL OCCUPATION (Give kind of work done IT. BIRTHPLACE (City and state or country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Miner \*#####mineing <u>Henry</u> 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE FOLK Henry Cook Etta Ward <u>Thelma Cook</u> 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) 490-05-8898 94<u>200H</u> Cook Clinton MO Thelma ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) Ιō 11 Š Conditions, if any, which gave rise to SSI above cause (a), stating the underlying cause last. DUE TO (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased WAS female disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ No □ Unknown AMENDMENT 100 admocarcisiona 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS ANTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES | NO D Month, Day, Year 20c, TIME OF Hour RIBBON INJURY a.m. p.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK READ *TYPEWRITER* and last saw him alive on 21. I attended the deceased fro on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD eath occurred USE 22b. ADDRESS 22c, DATE SIGNED (Degree or title) ō AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b, DATE ÖN. REMOVAL (Specify) Burial Bethlehem Cem <u>Henrv Co</u> 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. EW 24. FUNERAL DIRECTOR Sickman & Dunning Clinton Mo 드 (Licensed Embalmer's Statement on Reverse Side)

rout Obtained 12-8-65 (The

## STATEMENT BY LICENSED EMBALMER

ру	, Student Embalmer No
king under my personal supervision.	Signed D. Manny
lentSignature of Student Embalmer	Signed // 1. Munny
Signature of Student Empaimer	Licensed Embalmer No. 4

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.