

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33339**
Registrar's No. **522**

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Rural Deepwater Twp	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) Deepwater Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 10-12-1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Jan 24, 1869
9. AGE (In years last birthday) 82	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Henry Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ANTHONY COOK		13b. MOTHER'S MAIDEN NAME THERESA HECKER	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Gerome Cook		ADDRESS Clinton Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9 Oct , 1951, to 12 Oct , 1951, that I last saw the deceased alive on 12 Oct , 1951, and that death occurred at 6:30pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo	
23c. DATE SIGNED 13 Oct, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct-15-51	
24c. NAME OF CEMETERY OR CREMATORY Germantown Cem		24d. LOCATION (City, town, or county) (State) Henry Co Mo	
DATE REC'D BY LOCAL REG Oct-19-51		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Dunning		ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

2492

RECEIVED OCT 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 24 1951

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 _____
Student Embalmer:

Signed Robert L. Dunning

Licensed Embalmer No. 4716

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.