

STANDARD CERTIFICATE OF DEATH

State File No. **5603**

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **70**

420
C

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 3 weeks		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If rural, give location) 612 S. Main	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) RILEY c. (Last) COOK			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953		
---	--	--	---	--	--

5. SEX male	6. COLOR, OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 6, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	--------------------------------	---	--------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY CRD + P		11. BIRTHPLACE (State or foreign country) McClint, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
---	--	--	--	--	--	---	--

13a. FATHER'S NAME John H. Cook		13b. MOTHER'S MAIDEN NAME Elizabeth Jackson		14. NAME OF HUSBAND OR WIFE Chloe Ann Cook			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J.R. Cook, Windsor, Mo.			
---	--	-------------------------------------	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X					

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)	
--	--	--	--	---	--

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 **Jan 20, 1953**, to **Feb 23, 1953**, that I last saw the deceased alive on **2-23, 1953**, and that death occurred at **10:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Kay B. Jordan (Degree or title) M.D.		23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 2-24-53	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-53		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. Feb-25-53		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston Turner Windsor, Mo.	
---	--	---	--	--	--

MAR 30 1958

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Hindsor, 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.