

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 8 - 1957

STANDARD CERTIFICATE OF DEATH

8455

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5504 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Big Creek twp</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Blainston R7D 1</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Blainston Rt 1</i>			Length of stay in lb <i>3 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>Big Creek twp</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>ARTHUR</i> Middle <i>-</i> Last <i>COOK</i>				4. DATE OF DEATH Month <i>April</i> Day <i>3</i> Year <i>1957</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb 14 1873</i>		9. AGE (In years last birthday) <i>84</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months <i>1</i> Days <i>19</i> Hours <i>-</i> Min. <i>-</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (City and state or country). <i>Henry County Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Jacob Cook</i>				14. MOTHER'S MAIDEN NAME <i>Amelia Lambright</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Isaac Cook Blainston Mo Rt 1</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> 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)								INTERVAL BETWEEN ONSET AND DEATH <i>Death at once</i>	
20a. ACCIDENT <input 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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Death upon arrival</i> and last saw <i>her</i> alive on _____ Death occurred at <i>8:00 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>S. P. Hughes</i>				22b. ADDRESS <i>Clinton, Mo.</i>		22c. DATE SIGNED <i>4/5/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 6 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ladue</i>		23d. LOCATION (City, town, or county) (State) <i>Ladue Missouri</i>				
24. FUNERAL DIRECTOR <i>SEHABERG FUNERAL HOME</i>			ADDRESS <i>Clinton Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-5-57</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>		

APR 15 1957

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 F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.