

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035325

STATE FILE NUMBER

FILED NOV 3 1958		Registration District No. 1	Primary Registration District No. 3000	Registrar's No. 340
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O. Hospital		Length of stay in lb 8XWASKE	d. STREET ADDRESS 506-W Missouri (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First TED Middle COOLEY		4. DATE OF DEATH Month Oct Day 28 Year 1958		
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Month March Day 26 Year 1905
9. AGE (In years last birthday) 53		10. KIND OF BUSINESS OR INDUSTRY Connelsville, Missouri		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Municipal Employee		11. BIRTHPLACE (City and state or country) Connelsville, Missouri		
13. FATHER'S NAME Talbert Cooley		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-10-7775	17. INFORMANT Mrs. Ted Cooley, Kirksville, Mo Address	
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>Asthma</i>		INTERVAL BETWEEN ONSET AND DEATH 10 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Chronic interstitial pneumonia</i> DUE TO (c) <i>525X</i>		4 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Asthma - emphysema</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.)	
20c. TIME OF INJURY a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>	Hour <input type="checkbox"/>	Month, Day, Year <input type="checkbox"/>		
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 1956 to Oct 28 1958 and last saw him alive on Oct 28 Death occurred at 12 midnight on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>W. L. Luttrell</i>		22b. ADDRESS <i>De 2 Kirksville Mo</i>	22c. DATE SIGNED <i>10-29-58</i>	
23a. BURIAL, CREMATION, ETC. (Specify) Burial		23b. DATE 10-30-1958	23c. NAME OF CEMETERY OR CREMATORIAL Highland Park Cemetery Kirksville, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS Davis & Davis, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 10-30-1958	26. REGISTRAR'S SIGNATURE <i>Davis & Davis</i>	

NOV 28 1958

NOV 20 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 Signature of Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address *Kirksville, Iowa*

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.