

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. 300 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) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O. Hospital		d. STREET ADDRESS 506-W Missouri	
3. NAME OF DECEASED (Type or print) TED COOLEY		4. DATE OF DEATH Oct. 28, 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 March 26, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Municipal Employee Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Connellsville, Missouri
13. FATHER'S NAME Talbert Cooley		14. MOTHER'S MAIDEN NAME Eleanor Cooley	
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
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asystia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic interstitial pneumonia DUE TO (c) 525X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Asthma - emphysema			INTERVAL BETWEEN ONSET AND DEATH 10 days 4 years
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 Hour a. m. p. m. Month, Day, Year			
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		20g. COUNTY STATE	
21. I attended the deceased from 1956 to Oct 28 1958 and last saw her alive on Oct 28 Death occurred at 12 midnight m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. Luttrell DE 2		22b. ADDRESS Triloville Mo	
22c. DATE SIGNED 10-29-58			
23a. BURIAL, CREMATION, or other final disposition Burial		23b. DATE 10-30-1958	
23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery Kirksville, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 10-30-1958	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must-use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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NOV 2 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 emb

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,

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