

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043654

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 309
FILED DEC 9 1963

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
Rev. 4/59								
1 0425								
2 0425								
3								
4 1								
5 2								
6								
7 0								
8 2								
9 332x								
10								
11								
12 86-2								
13 1-0								

USE BLACK INK OR TYPEWRITER RIBBON

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, give TOWNSHIP only) Clinton		Length of stay in 1b 2 yrs		c. CITY OR TOWN Clinton	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jolley Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 614 So Main St	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Ethel Cook			4. DATE OF DEATH Month Day Year Nov 30 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1875	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Louisburg, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James H. Stone		13b. MOTHER'S MAIDEN NAME Margaret Drum	
14. NAME OF HUSBAND OR WIFE John Cook		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Richard Smith		Address Clinton, 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) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 6 hrs					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency 12 hrs					
DUE TO (c) Cerebral thrombosis 49 hrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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	COUNTY	STATE	
21. I attended the deceased from 11-28-63 to 11-30-63 and last saw her/him alive on 11-30-63 Death occurred at 7:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Clinton L. Glassy M.D.		22b. ADDRESS Clinton Mo.		22c. DATE SIGNED 12/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/2/1963	23c. NAME OF CEMETERY OR CREMATORY Carrsville cemetery		23d. LOCATION (City, town, or county) (State) Henry County Mo	
24. FUNERAL DIRECTOR Sickman-Dunning F H		ADDRESS Clinton, Mo		25. DATE RECD. BY LOCAL REG. 12-5-1963	26. REGISTRAR'S SIGNATURE Mildred Bigham

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 J. Dunning

Licensed Embalmer No. 4918

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Glaspy

Permit Obtained 12-5-63 (M.B.)