MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 0040108 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	AMENDED		
VS 300 Rev. 4/59	DATE AMENDED		
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1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (if outside corporate limits, give TOWNSHIP only) Clinton — Length of stay in 1b: Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 547 S. Carter — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 547 S. Carter — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CORA Middle ETTA Last COOK

4. DATE OF DEATH Month November Day 1 Year 1964 — November 1, 1964

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH Nov 8, 89
9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Vernon Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ira McConnaughey
13b. MOTHER'S MAIDEN NAME Unknown Shaeffer
14. NAME OF HUSBAND OR WIFE Franklin A. Cook Deceased

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. 490-05-9047
17. INFORMANT Frances Parscale, Clinton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Paralysis — Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Myocardial Insufficiency — Minute
DUE TO (c) Acute Coronary Occlusion — Minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-1-62 to 12-1-64 and last saw her alive on 12-1-64
Death occurred at 5:00AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clinton L. Glaspy D.O. (Degree or title)
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 12/3/64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 4, 1964
23c. NAME OF CEMETERY OR CREMATORY Englewood
23d. LOCATION (City, town, or county) Clinton, Mo.

24. FUNERAL DIRECTOR Consalus ADDRESS Clinton, Missouri
25. DATE RECD. BY LOCAL REG. Nov. 3, 1964
26. REGISTRAR'S SIGNATURE Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed _Eugene R. Gonsalves_____

            Signature of Student Embalmer

                                             Licensed Embalmer No. _4686_

                                             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.