

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 55-0681  
Registrar's No. 55-0681

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 4038		State File No. 55-0681	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Blanche</u>		b. (Middle) <u>Cook</u>		c. (Last) <u>Cook</u>	
4. DATE OF DEATH		(Month) <u>Dec</u> (Day) <u>29</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 8 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>4</u> YEARS <u>21</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <u>R. B. Huie</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Glenn</u>		14. NAME OF HUSBAND OR WIFE <u>Bill Cook</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Madys Mudergher</u> ADDRESS <u>California</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Senile Psychosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>  <u>UNK</u>  <u>UNK</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I, hereby certify that I attended the deceased from <u>13 Dec</u> , 1951, to <u>29 Dec</u> , 1951, that I last saw the deceased alive on <u>28 Dec</u> , 1951, and that death occurred at <u>4 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Blanche H. Glenn</u> (Degree or title) <u>MRS</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>31 Dec 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 30 1951</u>		REGISTRAR'S SIGNATURE <u>Jas R Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 3 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 3 1952

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3537

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.