

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 199

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

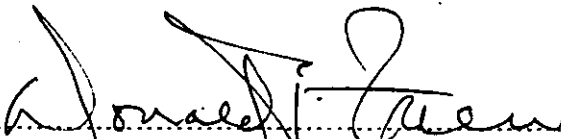
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 917 Harding Street		d. STREET ADDRESS 917 Harding Street	
Length of stay in 1b 25 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JAMES SIDNEY COOK		4. DATE OF DEATH June 11th '57	
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 December 29 1880	
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months 5 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) McGirk, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Marion Cook		14. MOTHER'S MAIDEN NAME Francis Phelan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Benke Address Mrs Walter Benhake, Jefferson City Mo			
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200		INTERVAL BETWEEN ONSET AND DEATH years	
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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 May 15 to June 11 and last saw him alive on June 11 . Death occurred at 1:00 PM on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) Wesley A. Taylor		22b. ADDRESS Jefferson City, Mo	
22c. DATE SIGNED 6-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 14th '57	
23c. NAME OF CEMETERY OR CREMATOR Centertown Cemetery		23d. LOCATION (City, town, or county) (State) Centertown, Missouri	
24. FUNERAL DIRECTOR Tanner Service Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 11 June 1957	
26. REGISTRAR'S SIGNATURE R. O. Norris, MD MR			

APR 20 1957

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 
Donald P. Freeman
Licensed Embalmer No..... 46

P. O. Address... Jeff. City, Mo.

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