

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14018
STATE FILE NUMBER

FILED MAY 13 1957

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 52

S. 300
v. 1-56

Securing the medical certificate in this specimen manner required by 1920, 1940 and 1957. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually 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 <u>Moniteau</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, give TOWNSHIP only) OR TOWN <u>McHeils</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>McHeils Mo. 0680</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>JEPHTHA</u> First <u>MARVIN</u> Middle <u>COOK</u> Last				4. DATE OF DEATH <u>May 8 1957</u> Month <u>May</u> Day <u>8</u> Year <u>1957</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 11 1884</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>McHeils Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>Larkin Cook</u>						14. MOTHER'S MAIDEN NAME <u>Ellen Barhardt</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>494-38-0080</u>		17. INFORMANT <u>Jeptha Cook, Jr. McHeils Mo.</u> Address							
18. CAUSE OF DEATH [Enter only one cause of line for (a); (b); and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>										INTERVAL BETWEEN ONSET OF DEATH <u>2 Mths.</u>			
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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>													
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 <u>May 2, 1957</u> to <u>May 8, 1957</u> and last saw <u>him</u> alive on <u>May 6, 1957</u> . Death occurred at <u>8:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>D. H. Bacon D.O. California</u>						22b. ADDRESS <u>California</u>			22c. DATE SIGNED <u>5/10/57</u>				
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE <u>5-11-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McHeils Cemetery</u>			23d. LOCATION (City, town, or county) <u>McHeils Mo.</u>						
24. FUNERAL DIRECTOR <u>Hugh E. Williams</u>				ADDRESS <u>California Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/10/57</u>		26. REGISTRAR'S SIGNATURE <u>N. J. Pappey</u>					

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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 *Hugh E. Williams*

Licensed Embalmer No. *353*

P. O. Address *California*

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.