

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000684

STATE FILE NUMBER

DATE AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

INSTEAD OF

AMENDED FILED VS JAN 17 1961

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 7

| | | | | | | | |
|--|----------------------------------|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | | Length of stay in 1b | | c. CITY OR TOWN <u>Jefferson City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>624 Virginia Street</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>MRS. SARAH ALICE COOK</u> | | | | 4. DATE OF DEATH Month Day Year <u>January 11, 1961</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>3-27-1876</u> | 9. AGE (last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | | 11. BIRTHPLACE (City and state or country) <u>McGirk, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Edwin Johnson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Harper</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Millard Cook</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>No</u> | | 17. INFORMANT Address <u>Mrs. Veda Hughes 624 Virginia J.C., Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> <u>multiple</u> DUE TO (b) <u>arteriosclerotic changes</u> <u>vascular disease</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | | | | 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>1-4-61</u> to <u>1-11-61</u> and last saw her <u>her</u> alive on <u>1-10-61</u> Death occurred at <u>9:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22. SIGNATURE (Degree or title) <u>John W. Haney MD</u> | | | | 22b. ADDRESS <u>Jefferson City, MO</u> | | 22c. DATE SIGNED <u>1/11/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Jan. 13, 1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Old Lebanon Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>McGirk, MO.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Nelso Buescher Jemo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12 January 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>R.P. Davis MD - Richter, Dep.</u> | |

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 Victor Breacher

Licensed Embalmer No. 3701

P. O. Address Jemo

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.