

FILED JAN 14 1969

STATE FILE NUMBER

124 69-002889

CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 3

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

9. 0
10a. 88
10b.
11. 0
12. 2
13. 4369
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)										
1. Abijah		Lafayette		Cook				2. Male	3. 1/8/69										
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH									
4. White		88		5b. MOS. DAYS		5c. HOURS MIN		6. 1/24/80		7a. Moniteau									
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)															
7b. California, Mo		7c. No		7d. Home— Rt Boonville Road															
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)													
8. Missouri		9. U. S. A.		10. Widowed		11. None													
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY															
12. 486-18-2498		13a. Engineer		13b. Firman At Woolen Mill															
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER													
14a. Missouri		14b. Moniteau		14c. California, Mo		14d. No		14e. Rt Boonville Road											
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME											
15. Monroe Cook (Deceased)								16. Marry M. Bornhardt (Deceased)											
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)															
17a. Mrs K.I. Slaughter		17b. Rt # 2 Jefferson City, Mo-65101																	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
18. IMMEDIATE CAUSE		(a) Cerebral Vascular Accident								2 weeks									
DUE TO, OR AS A CONSEQUENCE OF:		(b)																	
DUE TO, OR AS A CONSEQUENCE OF:		(c)																	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST																			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)								IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH									
19a. NO		19b. NO																	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)													
20a. A		20b.		20c. M.		20d.													
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC., (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)													
20e.		20f.		20g.															
CERTIFICATION—PHYSICIAN		MONTH		DAY		YEAR		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. DECEASED FROM		-1954		21b. 1		-9-69		21c. 12		30		68		21d.		21e. 2:30 p.m.			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		MONTH		DAY		YEAR		HOUR							
22a.		22b.		22c.		22d.		22e.		22f.		22g.		22h.		22i.		22j.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)													
23a. Lionel M. Gallagher, M.D.		23b.		23c. 1/9/69															
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP											
23d.		23e.		23f.		23g.		23h.											
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE											
24a. Burial		24b. City Cemetery		24c.		24d. California, Mo													
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP															
24d. 1/11/69		24e. Bowlin Funeral Home-100 S Oak		24f. California, Mo-65018															
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR															
25a. Jack H. Bowlin		25b. Florence H. Kelly		25c. Jan - 9 - 1969															

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

JAN 1 1961

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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.