

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35935
Do not use this space.

1. PLACE OF DEATH
(a) County Dade Registration District No. 238
(b) Township Lockwood Primary Registration District No. 5324
(c) City Lockwood, Mo. (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lon H. Cook
(a) Residence, No. Lockwood, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co., Mo.

FATHER 13. NAME Jim Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Teressa Pernell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Berry, (Daughter) Lockwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennshoro Cem. DATE June 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED 6-2 1939 J. A. Wren 215 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Crushed skull
struck by P.P. train
while intoxicated

Other contributory causes of importance:
207

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/30, 1939. Where did injury occur? Near Lockwood, Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Crushed skull
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) J. W. Ward Coroner Mo. (Address) Greenfield MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.