

**REC'D** JAN 8 1943

Registration District No. 3

Primary Registration District No. 3006

Registrar's No. 266

0  
3  
4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME COOK, GILBERT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife WILL COOK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: August 23, 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clark County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Samuel Cook

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Wilson  
15. Birthplace Clark County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Columbia, Mo.

17. (a) Ashton Mo Cem (b) Date thereof Dec 12 40  
(Burial, cremation, or inhumation) (Month) (Day) (Year)

(c) Place: burial or cremation Ashton Mo Cem

18. (a) Signature of funeral director R. A. Barrett

(b) Address Paducah, Mo.

19. (a) 12/11/40 (b) Allie Selby  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark  
(c) City or town Ashton  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#1 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
year 1940 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from August 11, 1940, to Dec. 10, 1940; that I last saw him alive on Dec. 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral pneumothorax  
mediastinal emphysema  
Due to Surgical operation -  
Radical neck dissection  
Due to Carcinoma of lip  
metastatic to neck  
Other conditions: Polyps of colon  
(Include pregnancy within 3 months of death)

Duration  
15 min  
"  
"  
Hydro  
1 yr.

Major findings: Metastatic carcinoma  
Of operations of neck  
Of autopsy as above

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
45

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Louis P. Kirk (M. D. or other) MD  
Address Ellis Fischel Hosp Date signed 12/14/40

Cutting  
line  
Kahoka  
Mo

**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 *Robert*

Licensed Embalmer No. 3183

P. O. Address Columbia 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 this body is not embalmed, above space should be left blank.**