

WED MAR 21 1941

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

6658
Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 184
(b) Township No. Galloway Primary Registration District No. 5256 Registered No. 9933
(c) City _____ (d) Street No. _____ St. _____
(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 2 yrs. 6 mos. 6 da. (f) How long in U. S., if of foreign birth? 6 yrs. 0 mos. 0 da.

2. PRINT FULL NAME Infant

(a) Residence, No. Christian County, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. & 15 min.

OCCUPATION
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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Christian County, Missouri
(STATE OR COUNTRY)

FATHER
13. NAME Wm. Clifford Cook
14. BIRTHPLACE (CITY OR TOWN) Greene Co., Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Lucy Susan ZBolin
16. BIRTHPLACE (CITY OR TOWN) Christian County, Missouri
(STATE OR COUNTRY)

17. INFORMANT Wm. Clifford Cook.
(ADDRESS) Ozark, Mo. Rt. #1

18. BURIAL, CREMATION, OR REMOVAL McConnell Cemetery
PLACE Nixa, Missouri DATE 12-30-40, 1940

19. FUNERAL DIRECTOR (NAME) None
(ADDRESS) _____

20. FILED 1-10 1941
Luetta Leonard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1940
22. I HEREBY CERTIFY, That I attended deceased from 12-29-40, 1940, to 12-29-40, 1940
I last saw him alive on Dec 29, 1940 Death is said to have occurred on the date stated above, at 3:00pm.
The principal cause of death and related causes of importance were as follows:

Premature birth
patent foramen ovale

Date of onset

Other contributory causes of importance: 157

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? _____ Date of injury _____, 1940
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Richard G. Wetherill, M.D.
(Address) Ozark, Missouri

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.

RECEIVED

District of Columbia No. 2

341-491

MAR 20 1931

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.