

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21756

State File No. _____

Registration District No. 324

Primary Registration District No. 5456

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Rural Township Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 32 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Franklin Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINTED FULL NAME Buena Stella Cook

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bert Cook 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 12 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 7 hr. min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmlife

11. Industry or business _____

12. Name Zachariah Dean
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cobb
15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Cook
(b) Address Spickard Mo

17. (a) Burial (b) Date thereof June 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem Spickard Mo

18. (a) Signature of funeral director Wes Schooler
(b) Address Spickard Mo

19. (a) June 21 41 (b) Ma Wilcox Vaughn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from MARCH 19 1941 to June 19 1941
that I last saw her alive on June 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arthritis + coronary Sclerosis Duration 12 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g4 N

Major findings: Of operations _____

Of autopsy _____

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?

While at work? 298 (Specify type of place) (e) Means of injury

23. Signature Dr. S. M. C. Clauhan D. or other 0
Address Spickard Mo Date signed 6/21-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Bob W. Co*.....

Licensed Embalmer No. 3791.....

P. O. Address *Spickard 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.