

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28714  
State File No. \_\_\_\_\_  
Registrar's No. 14

FILED SEP 7 1948  
Registration District No. 29482

Primary Registration District No. 6264

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Seymour mo Rt 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural Hazelwood Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Seymour Rt 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Hazelwood Twp  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1948 hour 7:20 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to natural causes

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Gilbert Jones J.P. (M. D. or other)  
Address Seymour mo Date signed June 27 1948

3. (a) PRINT FULL NAME Barbara Magdalene Cook  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 24 1948  
(Month) (Day) (Year)

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

9. Birthplace Webster County mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

12. Name Samuel Newton Cook  
13. Birthplace Webster County mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Leis Pauline Johnson  
15. Birthplace Putnam County mo  
(City, town, or county) (State or foreign country)

16. (a) Informant George Johnson  
(b) Address Seymour mo

17. (a) Burial (b) Date thereof 6 28 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Kelley, Ferrell, Bergman  
(b) Address Seymour mo

19. (a) June 27 48 (b) Gilbert Jones  
(Date received local registrar) (Registrar's signature) 24 5

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

RECEIVED

District Health Officer No. 6,

District File Number 948-988

Date Filed SEP 3 1948

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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.

*This Body hasn't been Embalmed*

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, fact should be so stated above.**