

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42904

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	REGISTRAR'S No. 57
1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Poplar Bluff</i>		c. LENGTH OF STAY (In this place) <i>11 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Duck Creek</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Poplar Bluff Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Puxico Mo Rural 1</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>James A.</i> b. (Middle) <i>Thomas</i> c. (Last) <i>Cookson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 21 1948</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 9 1924</i>	9. AGE (In years last birthday) <i>24</i> # UNDER 1 YEAR Months <i>5</i> # UNDER 1 MIN. Days <i>9</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Puxico Missouri</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Virgil H. Cookson</i>		
13b. MOTHER'S MAIDEN NAME <i>Ora Patterson</i>		14. NAME OF HUSBAND OR WIFE <i>Freda Cookson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes World War No. 2</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Virgil H. Cookson Puxico Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Multiple injuries of the abdomen</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Ruptured vessel</i> DUE TO (c) <i>Internal Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18600</i> <i>19</i> <i>9:40 PM</i>
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Puxico Stoddard Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11-11-48 11:00 a.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>Fell across the back end of a wagon</i>
22. I hereby certify that I attended the deceased from <i>11-11-48</i> to <i>11-21-48</i> , that I last saw the deceased alive on <i>11-21-48</i> , and that death occurred at <i>5:19 p.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Garden Eldenickson M.D.</i>			23b. ADDRESS <i>Poplar Bluff Mo 2-5-49</i>	
23c. DATE SIGNED <i>Nov. 24 1948</i>		23d. NAME OF CEMETERY OR CREMATORY <i>Brown Cemetery</i>		
23e. LOCATION (City, town, or county) (State) <i>Puxico Mo</i>		23f. DATE REC'D BY LOCAL REG. <i>2/11/49</i>		
23g. REGISTRAR'S SIGNATURE <i>G. D. Murrell</i>		23h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Glenn Morgan Puxico Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

1277

RECEIVED
District Health Office
District File Number 249-
Date Filed 2-15-

FEB 23 1949

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 _____

Dr. E. Meadows

Student Embalmer No. 250

working under my personal supervision.

Student Dr. E. Meadows

Student Embalmer

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance 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, fact should be so stated above.