

11200

FILED MAR 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11337

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 6264 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Webster</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Webster</i> c. CITY (If outside corporate limits, write RURAL and give township) <i>0</i> OR TOWN <i>Seymour Mo Rt 3</i> d. STREET ADDRESS (If rural, give location) <i>0</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Seymour Mo Rt 3</i>		c. LENGTH OF STAY (In this place) <i>Life</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Seymour Mo Rt 3</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>			d. STREET ADDRESS (If rural, give location) <i>0</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>Terrell</i> b. (Middle) <i>James</i> c. (Last) <i>Cook</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 23 1949</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 3 1869</i>		9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>20</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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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>Webster County Mo.</i>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <i>Samuel Cook</i>		13b. MOTHER'S MAIDEN NAME <i>Gennie Young</i>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Gilbert Jones</i>		ADDRESS <i>Seymour Rt 3</i>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</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>exposure</i> DUE TO (c) <i>wind age</i>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Webster Mo</i>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *2-23, 1949* to *2-23, 1949*, that I last saw the deceased alive on *2-23, 1949* and that death occurred at *6:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>G. G. Beers M.D.</i> (Degree or title)		23b. ADDRESS <i>Seymour MD</i>		23c. DATE SIGNED <i>2-24-49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-27-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Senters Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Brile N. Higgins Mo.</i>		
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DATE REC'D BY LOCAL REG. <i>3-4-49</i>	REGISTRAR'S SIGNATURE <i>Gilbert Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kelly, Terrell, Bergman Seymour Mo</i>		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 349-299

Date Filed 3-16-49

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 _____

Student Embalmer No. 282

working under my personal supervision.

Signed Max L. Miller
Student Embalmer

Signed H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland, 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.

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