

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13513

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No. 900
10-48

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN		5 d	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. Route 3 De Soto</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRET</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 7, 1934</u>
9. AGE (In years last birthday) <u>13</u> Months <u>2</u> Days <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Student</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Charley Cook</u>	
13b. MOTHER'S MAIDEN NAME <u>Mabel Hood</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charley Cook</u>		ADDRESS <u>R. R. 3 De Soto Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Crown Jury Verdict: due to skull fracture</u> ANTECEDENT CAUSES <u>received in fan automobile accident involving</u> <u>automobile being driven by Ben Hoagel</u> <u>and Charley Cook.</u> DUE TO (b) <u>Skull Fracture</u> DUE TO (c) <u>8 8 16</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>26</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway, St. Francois</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural</u> <u>St. Francois</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1, 1949</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>automobile accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bert J. Miller</u> (Degree or title) <u>3 coroner</u>		23b. ADDRESS <u>Farmington, Mo</u>	
23c. DATE SIGNED <u>5/4/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 3, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenville</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 5, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Sexual Home</u>		ADDRESS <u>Greenville Mo</u>	

RECEIVED

Health Officer No. 4
Number 249-619
5-9-49

VS SEP 28 1959

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. _____

working under my personal supervision.

Signed Lawrence J. Hayward

Licensed Embalmer No. 3706

Signed _____
Student Embalmer

P. O. Address Bonne Terre, 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.