

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5457

FILED FEB 27 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Miss</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Miss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHARLESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHARLESTON</u> <u>16972</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>504 N. MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 N. MAIN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>LUCY</u> c. (Last) <u>COOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN 25 1863</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>BENTON MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>—</u>					

13a. FATHER'S NAME <u>LEVI S. GREEN</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE E MYERS</u>		14. NAME OF HUSBAND OR WIFE <u>CHAS. A. COOK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas A. Cook - Charleston 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardio Vascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-24, 1950, to 1-24, 1950, that I last saw the deceased alive on 1-24, 1950, and that death occurred at 7:30A, m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas O. McElure MD</u> (Degree or title)		23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>1-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>BURIAL 11 1-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAUSOLEUM</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston MO</u>					

DATE REC'D BY LOCAL REG. <u>3-4-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs L. K. Kilgore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home - Sikeston Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed **FEB 24 1950**

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.

Student
Student Embalmer

Signed *Raymond Crews* _____

Licensed Embalmer No. *3467* _____

P. O. Address *Keaton 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.