

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5560

State File No. _____

No: 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>251</u>	PRIMARY REG. DIST. NO. <u>3048</u>	Registrar's No. <u>25</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>522 West Third</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>522 West Third</u>		e. STREET ADDRESS (If rural, give location) <u>522 West Third</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u>		b. (Middle) _____		c. (Last) <u>COOK</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>2 3 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>7/4/80</u>
9. AGE (In years last birthday) <u>69</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel A. Pratt</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Henry S. Cook, dec.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Hildred Cook, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Kidney</u> ANTECEDENT CAUSES (b) <u>Unknown</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Multiple Metastasis</u> 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 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 <u>Jan 15, 1948</u> , to <u>Feb. 3, 1950</u> , that I last saw the deceased alive on <u>Feb 3, 1950</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Chas. P. Beel</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>2-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galt</u>
24d. LOCATION (City, town, or county) (State) <u>Galt, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u> ADDRESS <u>Maryville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-11-50</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u> ADDRESS <u>Maryville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

742

0742
0

180X

FEB 23 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 _____

John W. Price

Licensed Embalmer No. *#281*

P. O. Address *Maryville 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.