

No. 300
10. 48

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19897**
Registrar's No. **576**

BIRTH NO. **46862-50** REC. DIST. NO. **148** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour 1170	
c. LENGTH OF STAY (in this place) 4 hrs 20 min		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) Dale	b. (Middle) _____	c. (Last) COOK	4. DATE OF DEATH (Month) (Day) (Year) 6-23-50
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> W	8. DATE OF BIRTH 6-22-50	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months _____ Days 1	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Webster County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles H. Cook	13b. MOTHER'S MAIDEN NAME Ruby McHaffie	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Charles H. Cook - Seymour, Mo.	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7544
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Heart Disease. DUE TO (c) _____		
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 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **6-23**, 19**50**, to **6-23**, 19**50**, that I last saw the deceased alive on **6-23**, 19**50**, and that death occurred at **2:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE William W. ... (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 6-23-50
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24a. BURIAL, CREMATION, REMAINS (Specify) Burial	24b. DATE 6-25-50	24c. NAME OF CEMETERY OR CREMATORY Liberty	24d. LOCATION (City, town, or county) (State) Webster Co. Mo.
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DATE REC'D BY LOCAL REG. 6-28-50	REGISTRAR'S SIGNATURE W.E. Handley	FUNERAL DIRECTOR'S SIGNATURE Kelley, Ferrell, Bergman	ADDRESS Seymour, Mo.
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6-3-36
Morgue

STATE OF MISSOURI

~~This body was not embalmed~~

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 K. K. Kelley.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3334.....

P. O. Address Fairland 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.