

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23275**

FILED AUG 14 1950

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 701	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisburg		300	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) ISAAC b. (Middle) MELVIN c. (Last) COOK			4. DATE OF DEATH (Month) (Day) (Year) August 5, 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3 June 1880	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman, retired			10b. KIND OF BUSINESS OR INDUSTRY Baptist Church		11. BIRTHPLACE (State or foreign country) Selmore, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Cook			13b. MOTHER'S MAIDEN NAME Carolina Melton		14. NAME OF HUSBAND OR WIFE Ella Cook		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella Cook, Louisburg, Missouri.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Splenitis ANTECEDENT CAUSES Cardiopathy Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) White Cant 36000 DUE TO (c) Red Cant 20000 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: White Cant 36000 Red Cant 20000					INTERVAL BETWEEN ONSET AND DEATH 5 yr. 3 yr. 2044 =
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none none none			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE WORKING? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from July 30, 1950 , to Aug 5, 1950 , that I last saw the deceased alive on Aug 4, 1950 , and that death occurred at 4:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. J. Freeman (Degree or title)				23b. ADDRESS Springfield		23c. DATE SIGNED 8/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6 Aug. 1950		24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 8-7-50		REGISTRAR'S SIGNATURE M. S. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Thiene, Springfield, Mo.			

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

3-96
b

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 *Ralph H. Thieme*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.