No. 300
10-48

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38013

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 17

0820

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

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paynesville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paynesville 0820
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle):
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Don't know
9. AGE (In years last birthday): unknown — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Paynesville
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Don't know
13b. MOTHER'S MAIDEN NAME: Don't know
14. NAME OF HUSBAND OR WIFE: Don't remember

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Jim McCormick — ADDRESS: Paynesville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremic Poisoning

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cystitis and
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 605X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 18th 1950, *to* Nov. 19th 1950, *that I last saw the deceased alive on* Nov 18th 1950, *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robin J. Guy M.D.
23b. ADDRESS: Paynesville
23c. DATE SIGNED: Nov 25th

24a. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
24b. DATE: 11-26-1950
24c. NAME OF CEMETERY OR CREMATORY: Ramsey
24d. LOCATION (City, town, or county) (State): 6 Mi. S. Clarksville Mo

DATE REC'D BY LOCAL REG.: Nov. 28-50
REGISTRAR'S SIGNATURE: Buda Rickard 1256
25. FUNERAL DIRECTOR'S SIGNATURE: Harry L. Darrow — ADDRESS: Clarksville Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 9 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-
Date Filed: DEC 11 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 Harry L. Lawrock

Licensed Embalmer No. 7439

P. O. Address Clarksville 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.