

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 797

BIRTH NO. 40249-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 34

396

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 STONE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (In this place) 7 WEEKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" UNION	1041
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location) RT. # 1, BILLINGS	

3. NAME OF DECEASED (Type or Print) MICHAEL ROY COOK			4. DATE OF DEATH (Month) (Day) (Year) 1 15 1951		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 9-1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 6	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR 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 -	11. BIRTHPLACE (State or foreign country) SPRINGFIELD MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ROY COOK		13b. MOTHER'S MAIDEN NAME ANNA LOUISE GOLD		14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ROY COOK, RT. # 1, BILLINGS, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Sepsis			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) -			
	DUE TO (c) -			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4722

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 8-9, 1950, to 1-15, 1951, that I last saw the deceased alive on 1-15, 1951, and that death occurred at 9:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS SPRINGFIELD, MO 609 Cherry St	23c. DATE SIGNED 1/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-17-1951	24c. NAME OF CEMETERY OR CREMATORY WRIGHTS	24d. LOCATION (City, town, or county) (State) STONE COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. 1-19-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE John H. Harris	ADDRESS Clever, Mo.
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**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 Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Clever, 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.