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

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4432

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Rural S. Campbell Twp	
c. LENGTH OF STAY (In this place) 10 days		d. STREET ADDRESS (If rural, give location) Route 8, Box 520	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print) EVERETT M. COOK			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1899	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Crestline, Kansas	
13a. FATHER'S NAME Charles Henry Cook			13b. MOTHER'S MAIDEN NAME Adelle Rue		14. NAME OF HUSBAND OR WIFE Opal Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, Springfield, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, primary in ascending colon, previously resected.				153X
		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 **Feb. 13, 1951**, to **Feb. 23, 1951** and that death occurred at **7:50 a.m.**, from the causes and on the date stated above.

SIGNATURE P. E. EISELE, MD, Chief, Professional Services		(Degree or title)		23b. ADDRESS VA Hospital Springfield, Mo.		23c. DATE SIGNED 2-23-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 23, 1951		24c. NAME OF CEMETERY OR CREMATORY UNKNOWN		24d. LOCATION (City, town, or county) (State) Liberty, Missouri

DATE REC'D BY LOCAL REG. 2/24/51	REGISTRAR'S SIGNATURE W E Handley	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer	ADDRESS Springfield
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See No

Pail

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Carl J. Glenn*

Signed.....
Student Embalmer

Licensed Embalmer No. *4707*

P. O. Address *Springfield 9*

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.