

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12357

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4213</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u>		c. LENGTH OF STAY (In this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u>		1420	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aima</u>		b. (Middle) <u>COOK</u>		c. (Last) <u>DeBald</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 10 1951</u>	
5. SEX <u>fem</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 26 1875</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>		IF UNDER 12 HOURS Hours <u>13</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Clair Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Dodds</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred B. DeBald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Y</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Y</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred B. DeBald Montrose Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>art. H. hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		443 X	
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 <u>Apr. 14, 1950</u> , to <u>Apr. 9, 1951</u> , that I last saw the deceased alive on <u>Apr 9, 1951</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Baggerly</u> (Degree or title) <u>MO</u>				23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>4-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 12 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 12 51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Lee Appleton City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-16-51 .....

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 on the 10th day of Apr 1951  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Frank Lee*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1099

P. O. Address Appleton City, MD

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.