

FILED AUG 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26238**
Registrar's No. **17 358**

BIRTH NO. _____ REG. DIST. NO. **239** ⁴³ PRIMARY REG. DIST. NO. **3007** ~~4353~~

1. PLACE OF DEATH
 a. COUNTY **Butler** **0124**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff** **6 Hrs.**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION: **Poplar Bluff Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **New Madrid**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Gideon** **0720**
 d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
 a. (First) **Francis** b. (Middle) **Marion** c. (Last) **COOK**
 (Type or Print) **Francis Marion COOK**
 4. DATE OF DEATH (Month) (Day) (Year) **8 8 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **2-2-1879**
 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR: Months **6** Days **6** IF UNDER 24 HRS. Hours **6** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Barber**
 10b. KIND OF BUSINESS OR INDUSTRY **Retired**
 11. BIRTHPLACE (State or foreign country) **Pomona, Ill.**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Cook** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Ada Cook**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. **None**
 17. INFORMANT'S SIGNATURE OR NAME **Ada Cook** ADDRESS **Gideon, Mo.**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **myocardial Failure**
 ANTECEDENT CAUSES **Coronary Heart Disease**
 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.

INTERVAL BETWEEN ONSET AND DEATH
1 day
1 year

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **7-1**, 19**51**, to **8-8**, 19**51**, that I last saw the deceased alive on **8-8**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph R. ... M.D.** (Degree or title) 23b. ADDRESS **Gideon, Mo.** 23c. DATE SIGNED **8-9-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-10-51** 24c. NAME OF CEMETERY OR CREMATORY **Stanfield** 24d. LOCATION (City, town, or county) (State) **Near Clarkton, Mo.**

DATE REC'D BY LOCAL REG. **8-13-1951** REGISTRAR'S SIGNATURE **Wm. H. Johnson** 428
 25. FUNERAL DIRECTOR'S SIGNATURE **Lloyd Russell Piggott, D.D.** ADDRESS _____

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

RECEIVED
AUG 22 1951

BUTLER CO. HEALTH CENTER

FILE No. 851-382

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 me

working under my personal supervision.

Student Embalmer No.

Signed Clayd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509-Ark

P. O. Address Piggott, Ark

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.