

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

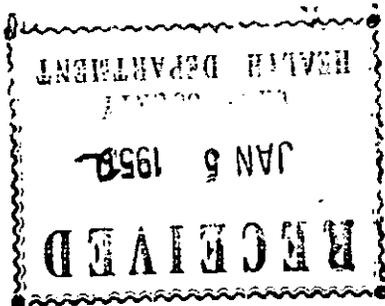
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FILED JAN 8 1952
BIRTH NO. 83991-51 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5233 State File No. 3 Registrar's No. 3

0190

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give TOWN) Rural W. Dolan		c. LENGTH OF STAY (in this place) 26 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		c. CITY (If outside corporate limits, write RURAL and give township) Rural West Dolan, 0190	
		d. STREET ADDRESS (If rural, give location) 3 Mi. S.E. of Westline	
3. NAME OF DECEASED (Type or Print) Larry Ray Cook.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 - 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 5 - 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) — IF UNDER 1 YEAR Months — Days 26 IF UNDER 4 HRS. Hours — Min. —
11. BIRTHPLACE (State or foreign country) Harrisonville MO		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Steryl B. Cook		13b. MOTHER'S MAIDEN NAME Mary H. Kane	
14. NAME OF HUSBAND OR WIFE None		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 Steryl B. Cook, Westline, Mo ADDRESS	
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) ACCIDENTAL ASPHYXIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E9240 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 18	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SOURCE HOMEHIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) West Dolan, Cass MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Smothered in crib in sleep	
22. I hereby certify that I attended the deceased from 12/5/51 , to 12/31/51 , that I last saw the deceased alive on 12/24/51 , and that death occurred at 3:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ed Marshall D.O.		23b. ADDRESS Drexel, Mo.	
23c. DATE SIGNED Jan 1 - 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-1952	
24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery		24d. LOCATION (City, town, or county) (State) Freeman MO	
DATE REC'D BY LOCAL REG. Jan 1, 1952		REGISTRAR'S SIGNATURE Nora Barnard	
25. FUNERAL DIRECTOR'S SIGNATURE Ed Marshall		ADDRESS Harrisonville Mo.	



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.....

Lloyd Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No.....

3920

P. O. Address.....

Harrisonville

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.

No.