

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43882**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **4538** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>	
b. CITY OR TOWN <b>Piedmont</b>		c. CITY OR TOWN <b>Piedmont</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1110 1/8</b>	

3. NAME OF DECEASED (Type or Print) <b>Rena</b>	a. (First)	b. (Middle)	c. (Last) <b>Cook</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 18, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 8, 1875</b>	9. AGE (In years last birthday) <b>76</b>	if UNDER 1 YEAR Months <b>6</b> Days <b>10</b>	if UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>9</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Bostic</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Arthur Cook</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Maggie Mercer</b> ADDRESS <b>327 E. Miller</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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 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) <b>331X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1926**, to **Dec. 1951**, that I last saw the deceased alive on **4/6**, 1951, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. S. T. [Signature]</b> (Degree or title)	23b. ADDRESS <b>Piedmont</b>	23c. DATE SIGNED <b>12-21-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/21/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mile Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Piedmont Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 23, 1951</b>	REGISTRAR'S SIGNATURE <b>Hazel Ward</b> <b>460</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman W. Bush</b> ADDRESS <b>Piedmont, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 3 1952

WAYNE CO. HEALTH CENTER

FILE No. 152-9

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. ~~111111~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Norman W. Gish*

Licensed Embalmer No. 3387

P. O. Address Piedmont NC

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.