

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1973

BIRTH NO. 2802-52 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5713 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Rural- Cyclone twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural- Cyclone twp. 0600	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 3 1/2 Miles SE Cook Fire Tower	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 1/2 miles SE Cook Fire Tower			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) ORVAL	c. (Last) COOK	4. DATE OF DEATH (Month) (Day) (Year) January 5, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby 0	8. DATE OF BIRTH January 5, 1952	9. AGE (In years last birthday) 0 10	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Hours	IF UNDER 10 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (State or foreign country) McDonald County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Orval W. Cook	13b. MOTHER'S MAIDEN NAME Julia Williams	14. NAME OF HUSBAND OR WIFE None
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Orval W. Cook, Stella, Route 2, Mo.	ADDRESS
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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, asthma, 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) <i>Anoxemia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Failure of Respiratory musculature to begin functioning</i> 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 7625	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan. 5th, 1952*, to *January 5, 1952*, that I last saw the deceased alive on *Jan 5, 1952*, and that death occurred at *5:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Harold C. Ward, D.O.</i>	(Degree or title)	23b. ADDRESS <i>Woodman, MO</i>	23c. DATE SIGNED <i>Jan. 8, 1952</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11	24b. DATE Jan. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery	24d. LOCATION (City, town, or county) (State) Goodman, Missouri
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DATE REC'D BY LOCAL REG. 1-9-52	REGISTRAR'S SIGNATURE <i>Myrtle Humphrey</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John B. Papineau</i>	ADDRESS Goodman, Missouri
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Licensed Embalmer's Statement on Reverse Side

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

2600
1

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John B. Papineau*

Licensed Embalmer No. *4446*

P. O. Address *Goodman, Mo.*

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.