

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1982

State File No.

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Macon</u> <u>0611</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>613 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 Jefferson</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ricky</u> b. (Middle) <u>Lee</u> c. (Last) <u>COOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Mar. 7, 1949</u>		9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Ernest Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Lee Smith</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Cook</u> ADDRESS <u>Macon, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-Fruenonia</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (b) _____		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Macon, Macon, Mo.</u>	
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?	

22. I hereby certify that I attended the deceased from January 2, 1952, to same, 1952, that I last saw the deceased alive on same 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. Carroll D.O.</u> (Degree or title)		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>1/2/52</u>	
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24a. BURIAL, CREMATION, OR MOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Carmen, Okla.</u>	
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DATE REC'D BY LOCAL REG. <u>1-2-52</u>		REGISTRAR'S SIGNATURE <u>Duth McNeely - 185</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens & Gooding</u> ADDRESS <u>Macon</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0611
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RECEIVED 1.29.52

MACON COUNTY HEALTH DEPARTMENT

County File No. 1.52.23

Date Filed 2.1.52

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.....
Student Embalmer

Signed *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.