

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 23

8880
4

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		c. LENGTH OF STAY (in this place) <u>18 months</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print) b. (Middle) <u>MAY</u> c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16, 1875</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James K. Merritt</u>	13b. MOTHER'S MARRIAGE NAME <u>Mary Ellen Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard L. Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Raymond Cook</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
ANTECEDENT CAUSES		?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		?	
DUE TO (b) <u>Hypertension</u>		?	
DUE TO (c) <u>Arteriosclerosis</u>		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		? ?	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerosis in Coronaries</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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? <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>on July 3, 1951</u> , 19 <u>51</u> , to <u>July 3, 1951</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 3, 1951</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George M. Eselman, D.O.</u>		23b. ADDRESS <u>Huntsville, Mo.</u>	23c. DATE SIGNED <u>3/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar. 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-4-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. A. Barnhart, Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bludsey-Friedmuth</u>	
26. LICENSED EMBALMER'S SIGNATURE <u>Mary H. Bentley, Depo Reg.</u>			

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *[Signature]*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.