

No. 300
10.48

JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16232

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Oregon	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Oregon 1440	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Henry	c. (Last) Cooksey	4. DATE OF DEATH (Month) (Day) (Year) 6-2-1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-4-1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Forbes-Mo-	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME David Cooksey	13b. MOTHER'S MAIDEN NAME Mary Heaton	14. NAME OF HUSBAND OR WIFE deceased
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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 Miss Mabel Cooksey - Oregon-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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18b. INTERVAL BETWEEN ONSET AND DEATH 35 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Emphysema		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fla- 1918 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) 5271
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 Dec. 1943, to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE M.C. New	(Degree or title) D.O.	23b. ADDRESS Maitland, Mo	23c. DATE SIGNED 6/3/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-5-1952	24c. NAME OF CEMETERY OR CREMATORY Benton Cemetery	24d. LOCATION (City, town, or county) (State) Mound City - Missouri
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DATE REC'D BY LOCAL REG. 6-6-1952	REGISTRAR'S SIGNATURE James H. Crawford	469	25. FUNERAL DIRECTOR'S SIGNATURE W. M. Hutchinson	ADDRESS Marquille Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E M Atkinson*

Licensed Embalmer No. 2279

P. O. Address Marquell, 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.