

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4804

State File No. _____

FILED MAR 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>32</u>	PRIMARY REG. DIST. NO. <u>5112A</u>	Registrar's No. <u>8</u>
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Scopus Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Scopus Twp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR Scopus</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR Scopus</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYMAN</u> b. (Middle) <u>MARION</u> c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-53</u>		
5. SEX <u>M.O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE U</u>	8. DATE OF BIRTH <u>1-2-53</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u> IF UNDER 1 Mth. Mths. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTT Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ELMER B. COOK</u>		
13b. MOTHER'S MAIDEN NAME <u>GENEVA BESS</u>		14. NAME OF HUSBAND OR WIFE <u>---</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>ELMER B. COOK</u> ADDRESS <u>Scopus Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>474X</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Jan 25, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Gene Ward coroner</u>		23b. ADDRESS <u>Lutesville Mo.</u>		23c. DATE SIGNED <u>2/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PULLIAM CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 27 53</u>		REGISTRAR'S SIGNATURE <u>Willie H. ...</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0090

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 _____

No embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.