

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. CURRINGHAM 9405  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 353

396  
1

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township) <b>18 YRS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		d. STREET ADDRESS (If rural, give location) <b>1335 N. JOHNSTON</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1335 N. JOHNSTON</b>			d. STREET ADDRESS (If rural, give location) <b>1335 N. JOHNSTON</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>E.</b> c. (Last) <b>COOK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 3 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 30 1874</b>	9. AGE (In years last birthday) <b>78</b>	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GARDNER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GARDNER</b>	11. BIRTHPLACE (State or foreign country) <b>GREENE COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WILL COOK</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY NAVES</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. NANCY HAMBY SPRINGFIELD, MO.</b>		
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) <b>Pulmonary Tuberculosis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>002 X</b>				20. AUTOPSY? YES <input 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)			
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 <b>JAN</b> , 1953, to <b>APRIL</b> , 1953 that I last saw the deceased alive on <b>MARCH 3 1953</b> , and that death occurred at <b>6:30 pm</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>J. Dean Cunningham, M.D.</b> (Degree or title)		23b. ADDRESS <b>1715 Booneville</b>		23c. DATE SIGNED <b>4-3-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/5/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PATTERSON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR SPRINGFIELD, MO.</b>		
DATE REC'D BY LOCAL REG. <b>4-4-53</b>	REGISTRAR'S SIGNATURE <b>Erith Williams Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>			

---

---

**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

*Paul Lohmeyer*

Licensed Embalmer No. *4734*

P. O. Address *Sppl, 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.