

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13571

State File No.

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5244 Registrar's No. 37

0210

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cockrell Twp</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cockrell Twp</u>		0210
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles N.W. Salisbury</u>			d. STREET ADDRESS (If rural, give location) <u>12 mi N.W. Salisbury</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maxy</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Cook</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1953</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>April-1-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>WM. OWENS</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F Culberson</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel 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>Clara Minor Salisbury 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. --- DUE TO (b) <u>Bronchial Asthmatic</u> 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 <u>2-da</u> <u>15-yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241x</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)		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 <u>4-29, 1953</u> , to <u>4-29, 1953</u> ; that I last saw the deceased alive on <u>4-29, 1953</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D W Hawkins M.D.</u>			23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>4-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May-1-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bulah Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>Chariton Mo</u>			
DATE REC'D BY LOCAL REG. <u>4/30/53</u>		REGISTRAR'S SIGNATURE <u>D W Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geoff Winkelmeyer</u>	
				ADDRESS <u>Salisbury</u>	

mo

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 _____

cavity treatment only.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas B Winkebrun

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.