

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22178**

FILED JUL 14 1953

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 78

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

1. PLACE OF DEATH a. COUNTY <u>Madison</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 Castor township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u> <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9mi. So. Fredericktown, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Patton, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Dale</u> c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 4, 1910</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>43</u> <u>5</u> <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Minning</u>	11. BIRTHPLACE (State or foreign country) <u>Fredericktown, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>August Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Mettie Mungle</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Cook</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>703-03-0073</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille Cook Rt. #1 Patton, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONERS JURY VERDICT: Accident due TO LOSING CONTROL OF CAR.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CRUSHED HEAD AND CHEST AND BROKEN NECK</u> 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.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CASTOR TOWNSHIP Madison MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P. M.) <u>JULY 9, 1953 11:00 P. M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
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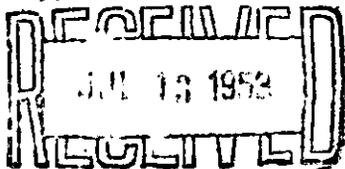
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sam Dajin, Jr. Coroner Madison Co. Mo.</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>7/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>El vins, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-11-1953</u>	REGISTRAR'S SIGNATURE <u>Larence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Naim Funeral Home</u>	ADDRESS <u>Fredericktown, MO.</u>
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MISSOURI DEPT. OF HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 753-38

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 _____

Charles M. Talty

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.