

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25931**

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. <b>291</b>		PRIMARY REG. DIST. NO. <b>4433</b>		Registrar's No. <b>46</b>	
1. PLACE OF DEATH a. COUNTY <b>Putnam</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unionville</b>		c. LENGTH OF STAY (In this place) <b>1 Week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unionville</b>		<b>0860</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Monroe Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Etta</b> b. (Middle) <b>Evelyn</b> c. (Last) <b>Cook</b>			4. DATE OF DEATH (Month) <b>July</b> (Day) <b>12</b> (Year) <b>1953</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 16 1870</b>	
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Days <b>8</b>		IF UNDER 24 HRS. Hours <b>26</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Putnam County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph H. Shirley</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Carter</b>			14. NAME OF HUSBAND OR WIFE <b>Ora D. COOK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Marie Schick Unionville, 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>Chronic glomerular nephritis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Chronic hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile dementia</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>446 X</b>				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) m.		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>July 4, 1953</b> to <b>July 12, 1953</b> , that I last saw the deceased alive on <b>July 7, 1953</b> and that death occurred at <b>5:45 a. m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. W. McDonald Doz</b>				23b. ADDRESS <b>Unionville, Mo.</b>		23c. DATE SIGNED <b>7-14-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 15 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unionville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Unionville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-25-53</b>		REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>By J. W. Comstock</b>		ADDRESS <b>Unionville, Mo.</b>	

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

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100-30-5-3

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 James W Comstock  
Licensed Embalmer No. 4197  
P. O. Address Unionville, 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.