

45542-53

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 1404 No. 3rd	

3. NAME OF DECEASED (Type or Print) a. (First) CURTIS b. (Middle) W. c. (Last) COOK	4. DATE OF DEATH (Month) (Day) (Year) AUG. 4 1953
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5. SEX M.	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 22, 1953	9. AGE (In years last birthday) Months Days 12	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ST. CHARLES Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CECIL W. COOK	13b. MOTHER'S MAIDEN NAME ALICE R. BEXTER MILLER	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS X CECIL W. COOK ST. CHARLES Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day (since Birth)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Heart Disease DUE TO (c) (Patent Ductus Arteriosus)		
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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased **Aug 3 - 5 1953**, **Aug 4 - 5 1953**, that I last saw the deceased alive on **Aug 3 - 1953**, and that death occurred at **11:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE R. H. Hughes M.D. (Degree or title)	23b. ADDRESS St. Charles Mo.	23c. DATE SIGNED Aug 4, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cath Cem.	24d. LOCATION (City, town, or county) (State) St. Charles Mo.
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DATE REC'D BY LOCAL REG. Aug 5 1953	REGISTRAR'S SIGNATURE Travis H. ...	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS PRINSTER-HUGHES FUNERAL HOME INC., ST. CHARLES Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Body not embalmed

Student Embalmer No.....

Prinzler, Hughes Funeral Home

Signed.....

C. L. Perister

Signed.....

Student Embalmer

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.