

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27658

State File No.

No. 300
10. 48

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (in this place) <u>24 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>23</u> <u>1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-15-1881</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.E. Bryan</u>	13b. MOTHER'S MAIDEN NAME <u>Panina Lysle</u>	14. NAME OF HUSBAND OR WIFE <u>P. E. Cook</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>P.E. Cook</u>	ADDRESS <u>Liberal, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Circulatory collapse</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis + Cholelithiasis 5704</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) (Min.)	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 July 30, 1953, to Aug 23, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 7:50 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.M. Arnold M.D.</u>	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>8-25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberal Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberal, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 25 1953</u>	REGISTRAR'S SIGNATURE <u>Marie Kennard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl W. Adams</u>	ADDRESS <u>Mulberry, Kan.</u>
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(Licensed Embalmer) Statement on Reverse Side

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

0067
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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, ~~_____~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *E. C. Smith*.....

Licensed Embalmer No. *3969*.....

P. O. Address *Pittsburg Kansas*.....

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.