

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29195

State File No.

FILED SEP 1 - 1953

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Mt. Vernon</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hume</u> <u>0 0 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway #166</u>		d. STREET ADDRESS (Rural, give location) <u>R R Hume, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Dorothy Cook</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 20 - 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>May - 19 - 1912</u>	9. AGE (In years last birthday) <u>41</u> If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Enid Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Guy Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Graves</u>	14. NAME OF HUSBAND OR WIFE <u>Herbert Archer</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)	16. SOCIAL SECURITY <u>492-38-4869</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Burns Kingfisher Okla</u>	ADDRESS <u>Okla</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest and Skull</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Broken ankle - due to</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Automobile Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>On Highway 166</u>			

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) <u>Automobile Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 166</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>055</u> (STATE) <u>Rural Mt. Vernon Linn Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug - 20 - 1953 12:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Unavoidable 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 (Degree or title) <u>W.H. Fasset - Coroner of Linn Co. Mt. Vernon, Mo</u>	23b. ADDRESS <u>Fort Scott Kansas</u>	23c. DATE SIGNED <u>Aug - 21 - 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8 - 22 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fort Scott Kans</u>	24d. LOCATION (City, town, or county) (State) <u>Fort Scott Kansas</u>
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DATE REC'D BY LOCAL REG. <u>8-28-53</u>	REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>	411-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fasset</u>	ADDRESS <u>McKewan, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550
3

JUN 28 1956

JUN 28 1956

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 *John A. McHabb*
Licensed Embalmer No. *4635*

P. O. Address *Republic, 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.