

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41636**

XC 1 485 891 C 10-1953
Reg.# 1114919

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3099**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **BOONE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFFERSON BARRACKS, MO.** c. LENGTH OF STAY (in this place) **15 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP.**

c. CITY OR TOWN **COLUMBIA** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **500 SEKTON ROAD**

3. NAME OF DECEASED a. (First) **JAMES** b. (Middle) **H.** c. (Last) **COOK** 4. DATE OF DEATH (Month) (Day) (Year) **11-27-53**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **7-2-87** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Months **4** Days **23** IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER** 10b. KIND OF BUSINESS OR INDUSTRY **FARMING** 11. BIRTHPLACE (City and State or Foreign Country) **BUFFALO, ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **JAMES M. COOK** 13b. MOTHER'S MAIDEN NAME **LILLIAN MCALLISTER** 14. NAME OF HUSBAND OR WIFE **SALLY COOK**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) **YES WWI** 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF. BKS. MO.** ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **HEMOTHORAX (acute)** INTERVAL BETWEEN ONSET AND DEATH **1 hr**
ANTECEDENT CAUSES
DUE TO (b) **RUPTURED EMPHYSEMATOUS BLEB** **Unknown**
DUE TO (c) **BULLIOUS EMPHYSEMA** **Unknown**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **TUBERCULOSIS OF LUNG, MINIMAL, INACTIVE**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **002x** 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-12-53**, 19**53**, to **11-27-53**, 19**53**, and that death occurred at **8:00A** m., from the causes and on the date stated above.

23a. SIGNATURE **R.R. BULL** (Degree or title) **M.D.** 23b. ADDRESS **VA HOSP. JEFF. BRKS, MO.** 23c. DATE SIGNED **11-27-53**

24a. BURIAL OR CREMATION TION **Burial** 24b. DATE **Nov. 29, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Red Top** 24d. LOCATION (City, town, or county) (State) **Hallsville, Missouri**

DATE REC'D BY LOCAL REG. **12-3-53** REGISTRAR'S SIGNATURE **Herbert R. Danks MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Paul G. Ballew** ADDRESS **Centralia, Mo.**

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

DEC 14 1952

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.....
Signature of Student Embalmer

Signed *Paul J. Ballou*.....

Licensed Embalmer No. *14204*

P. O. Address *Centralia, 1*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.