

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42272**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Jackson		0160
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo Hospital			d. STREET ADDRESS (If rural, give location) Highway 61		

3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) CATHERINE c. (Last) COOK			4. DATE OF DEATH (Month) (Day) (Year) Dec 28-1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 16, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 Hrs. Hours	IF UNDER 2 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) near Millersville, Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Van Rinder		13b. MOTHER'S MAIDEN NAME Sarah Presnell Ruder		14. NAME OF HUSBAND OR WIFE Otis Cook	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Otis Cook ADDRESS Jackson Mo.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					26 hrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				?
	DUE TO (c)				?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus				?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			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)	
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 **12-27, 1953** to **12-28, 1953**, that I last saw the deceased alive on **12-27, 1953** and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. N. Jager M.D.		23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 12-29-53
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Dec 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Russell Heights	24d. LOCATION (City, town, or county) (State) Jackson Mo.	
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DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE C. C. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE Miller ADDRESS Jackson		
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Lynwood Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.