

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42620

State File No. _____

FILED DEC 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>170</u>		
1. PLACE OF DEATH a. COUNTY <u>CRUWY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gilman City</u>		<u>2410</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WRIGHT HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>STEWART</u> c. (Last) <u>COOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 7 1953</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov 10 1892</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>GALLATIN MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>B.B. COOK</u>		13b. MOTHER'S MAIDEN NAME <u>Nattie Flaw</u>		14. NAME OF HUSBAND OR WIFE <u>Hettie ISABELL (Mow) IN COOK</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-36-2317</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HAZEL REED</u>				ADDRESS <u>Gilman City MO</u>
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) <u>Fracture of Skull - Left Arm & Chest</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		
21a. ACCIDENT SUICIDE <u>Concussion</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, school, office bldg., etc.) <u>Highway 15 near Pike Trenton</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Island MO</u>				
21d. TIME OF INJURY <u>Dec 6th 1953 11A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Wreck</u>				
22. I hereby certify that I attended the deceased from <u>Dec 6th, 1953</u> , to <u>Dec 8th, 1953</u> that I last saw the deceased alive on <u>Dec 8th, 1953</u> and that death occurred at <u>7:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Oliver P. Jaffray MD</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Dec 10th</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cornal Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co. MO</u>			
DATE REC'D BY LOCAL REG. <u>12-10-53</u>		REGISTRAR'S SIGNATURE <u>Jane Zau</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>David E. Williamson</u>			ADDRESS <u>Silman City, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

304 115

DEC 30 1915

DEC 30 1915

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.

Ray E. Williamson

Signed _____

Licensed Embalmer No. *4883*

P. O. Address *Salmon City, Mo.*

Student
Student Embalmer

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.