

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8170

BIRTH NO. 10104-54		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4173		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Souder		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Ozark County 0770 1			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Charles		c. (Last) Cook		4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1954	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 2-25-54	
9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (City and State or Foreign Country) Gainesville, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dewey Cook		13b. MOTHER'S MAIDEN NAME Ardy Kesting		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dewey Cook Souder, 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) Congenital Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (29 Wk) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		7625	
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 2-25-1954, to 2-25-1954, that I last saw the deceased alive on 2/25-1954, and that death occurred at 3:10P m., from the causes and on the date stated above.							
23a. SIGNATURE M. J. Hoerman, M.D. (Degree or title)				23b. ADDRESS Gainesville, Mo.		23c. DATE SIGNED 2/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-54		24c. NAME OF CEMETERY OR CREMATORY Souder		24d. LOCATION (City, town, or county) (State) Ozark County Mo.	
DATE REC'D BY LOCAL REG. Mar. 6-54		REGISTRAR'S SIGNATURE Uestab. Bushman 84-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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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, or by ....., Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**