

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21527**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1203**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY Delta	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Missouri		c. CITY OR TOWN Escanaba	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 38 min		e. STREET ADDRESS (If rural, give location) 219 N. 13th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Rodney b. (Middle) J. c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 5 23 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-22-1926	9. AGE (In years last birthday) 27	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) M/Sgt.		10b. KIND OF BUSINESS OR INDUSTRY US Air Force	11. BIRTHPLACE (City and State or Foreign Country) Redford, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Theodore A. Cook	13b. MOTHER'S MAIDEN NAME Viola Pearl Johnson	14. NAME OF HUSBAND OR WIFE Phyllis Cook
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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) Yes 1944 to death	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME R. P. Ackerman ADDRESS Belleville, Ill.
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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) Basal Skull Fracture		
	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. Mangled Left Arm			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Auto Accident	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hy 66 & Bowles, St. Louis County Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 23 54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? lost control of car car left the pavement and struck a tree spinning him Auto Accident inside the car.
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22. I hereby certify that I attended the deceased from **5-23**, 19 **54**, to **5-23**, 19 **54**, that I last saw the deceased alive on **5-23**, 19 **54**, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter C. Kasten M.D.	23b. ADDRESS 601 S. Brentwood Blvd, Clayton	23c. DATE SIGNED 5-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5/24/54	24c. NAME OF CEMETERY OR CREMATORY Garden of Rest	24d. LOCATION (City, town, or county) (State) Belleville, Ill. Escanaba, Michigan
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DATE REC'D BY LOCAL REG. 5-24-54	REGISTRAR'S SIGNATURE Herbert R. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE Walter Kasten ADDRESS Belleville, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..

Body not embalmed.

Student.....
Signature of Student Embalmer

Signed *John E. Anderson*.....

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.