

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26129

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3099	Registrar's No. 239
1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kirksville</i>	c. LENGTH OF STAY (In this place) <i>1 Day</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Macon</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>K.O.H.</i>		d. STREET ADDRESS (If rural, give location) <i>601 Missouri</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Austin</i> b. (Middle) <i>Vernader</i> c. (Last) <i>COOK</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 26, 1954</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 6, 1887</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>67</i>
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>W.V. COOK</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Maddox</i>	14. NAME OF HUSBAND OR WIFE <i>Mrs. A.V. COOK</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. A.V. COOK Macon, Mo.</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Circulatory Collapse</i> ANTECEDENT CAUSES <i>Shock</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Shock</i> DUE TO (c) <i>Gastric Hemorrhage</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Anemia 151X</i>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <i>P-25-54</i>	19b. MAJOR FINDINGS OF OPERATION <i>Large Gastric Ulcer and Possible Gastric Malignancy</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>MACON MISSOURI</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <i>P-25-</i> , 1954, to <i>P-26-</i> , 1954, that I last saw the deceased alive on <i>P-26-5-19</i> , and that death occurred at <i>P:30 p.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>H.H. Palmorzy</i>		23b. ADDRESS <i>202 So. W. Jefferson</i>	23c. DATE SIGNED <i>P-26-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug. 29, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24d. LOCATION (City, town, or county) (State) <i>Macon Mo.</i>	
DATE REC'D BY LOCAL REG. <i>8-29-54</i>	REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sister Hutton</i>	ADDRESS <i>Macon, Mo.</i>	

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

NOV 5 1962

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.