

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

26297

State File No.

FILED **JAN 30 1954**

BIRTH NO. aug 50168-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 925

I. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before addition). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Days</u>		e. STREET ADDRESS (If rural, give location) <u>2923 Julia Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBIN</u>	b. (Middle) <u>LYNN</u>	c. (Last) <u>COOK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 22-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>August 19-1954</u>	9. AGE (In years last birthday) <u>3 Days</u>	10. F UNDER 1 YEAR Days <u>3</u>	11. F UNDER 24 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert A. Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Janice Weir</u>	14. NAME OF HUSBAND OR WIFE (Parents) <u>Mr. & Mrs. Robert A. Cook</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. & Mrs. Robert A. Cook</u>	ADDRESS <u>2923 Julia Str.</u>
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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 <u>14 h.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Prematurity @ 7 mos gestation</u> 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 <u>7625</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 8/19, 1954, to 8/22, 1954, that I last saw the deceased alive on 8/22, 1954, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Scott Benson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>510 Cory Road, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>8/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belmont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Aug 25, 1954</u>	REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhofer & Flemer</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

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.