

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28647

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 467	
1. PLACE OF DEATH a. COUNTY RIPLEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY RIPLEY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN		c. LENGTH OF STAY (In this place) 3 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SHIRLEY 0910			
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL				d. STREET ADDRESS (If rural, give location) ROUTE #4 - DONIPHAN MO			
3. NAME OF DECEASED (Type or Print) a. (First) ROSIE		b. (Middle) BELL		c. (Last) HILAND COOK		4. DATE OF DEATH (Month) (Day) (Year) JULY 17-1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH APRIL 16-1915	
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Days 3		IF UNDER 4 WKS. Hours 1		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) MICHIGAN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES B. COOK			13b. MOTHER'S MAIDEN NAME LULA REEVES			14. NAME OF HUSBAND OR WIFE DIVORCED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES B. COOK - DONIPHAN RT. #4			
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) Rupture of uterus ANTECEDENT CAUSES Transverse presentation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) fibroid uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sphygmia					
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) 525 X B			
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 7-12 , 1954, to 7-17 , 1954, that I last saw the deceased alive on 7-17 , 1954, and that death occurred at 1:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank Johnson M.D.				23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 7-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/1/1954		24c. NAME OF CEMETERY OR CREMATORY PRICE CEMETERY		24d. LOCATION (City, town, or county) (State) RIPLEY CO. - MISSOURI	
DATE REC'D BY LOCAL REG. 8-10-54		REGISTRAR'S SIGNATURE CR Johnson 277-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARDS FUNERAL HOME - DONIPHAN MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0910

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

Gene A. Parrenti

Licensed Embalmer No. *4809*

P. O. Address *Douglas, 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.