

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29832**

BIRTH NO. 59129-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 999

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 3hrs. 30min c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital No. STREET ADDRESS (If rural, give location) 5110 King Hill Ave. 0117

3. NAME OF DECEASED a. (First) INFANT b. (Middle) BOY c. (Last) COOK 4. DATE OF DEATH (Month) (Day) (Year) Sept. 8/1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Sept. 8/54 9. AGE (In years last birthday) if UNDER 1 YEAR Months 3 Days 30 if UNDER 12 HRS. Hours 3 Mins. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY Infant 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jessie Lee Cook 13b. MOTHER'S MAIDEN NAME Ellen Maxine Harris 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mr. Jessie Lee Cook ADDRESS St. Joseph

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
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 776x 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8-1954, to 9-8-1954, that I last saw the deceased alive on 9-8-1954, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas W. Stearns M.D. 23b. ADDRESS Tootle Bldg. St. Joseph, Missouri 23c. DATE SIGNED 9-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 9/54 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph Mo.

DATE REC'D BY LOCAL REG. Sept 17, 1954 REGISTRAR'S SIGNATURE Lochen M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Jo. ADDRESS

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 ^{NOT}
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Victor J. Barry*

Licensed Embalmer No.

P. O. Address *St. Joseph*

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.