S. No. 300
v. 10.48

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

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30201

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett Mo
c. LENGTH OF STAY (In this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brisnell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamersville
d. STREET ADDRESS (Rural, give location): Rt-1

3. NAME OF DECEASED (Type or Print): a. (First) JAMES. b. (Middle) RAY. c. (Last) COOK.

4. DATE OF DEATH (Month) (Day) (Year): Sept 5. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 8-1954
9. AGE (In years last birthday): If under 1 year: Months 1 Days 28; If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME: Jim Cook.
13b. MOTHER'S MAIDEN NAME: Bessie Ellison
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bessie Cook. ADDRESS: Hamersville Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5710
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) m.:
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* 9-5 1954 *to* 9-5 1954, *that I last saw the deceased alive on* 9-5 1954, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. C. Wilson (Degree or title) MD
23b. ADDRESS: Kennett, Mo
23c. DATE SIGNED: 9-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-6 1954
24c. NAME OF CEMETERY OR CREMATORY: Silver Dale
24d. LOCATION (City, town, or county) (State): Silver Dale Mo

DATE REC'D BY LOCAL REG.: 9-6-1954
REGISTRAR'S SIGNATURE: Earl Hudson
25. FUNERAL DIRECTOR'S SIGNATURE: W T Emerson ADDRESS: Hamersville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEAL

DEPARTMENT 9-15-54

COUNTY FILE NUMBER 954-2

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 _____

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 this body is not embalmed, fact should be so stated above.