

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36900

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Boonville</u>	d. Is 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>all of life</u>		e. STREET ADDRESS (If rural, give location) <u>504 Walnut Sr.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At home, 504 Walnut</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>Stegner</u>	c. (Last) <u>Cook</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 9 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>Married</u>	8. DATE OF BIRTH <u>July 6 1870</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 WEEK Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Nicholas Stegner</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Brown.</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. C. Cook.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Cook, Boonville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>± 5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	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. <u>Pemicious Anemia</u>		± 8 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</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)	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 8-9-49, 1949, to 12-9, 1954, that I last saw the deceased alive on 12-6-54, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>	22b. ADDRESS <u>329 Main Boonville, Mo</u>	22c. DATE SIGNED <u>12-11-54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 11 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12/11/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>381-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>
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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 *G. F. Poller*.....

Licensed Embalmer No. *306*

P. O. Address *Boonville*

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.