

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **820**

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY Greene G				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas			
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (in this place) 17 Days		c. CITY OR TOWN Summersville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) Rural Route # 1 1070			
3. NAME OF DECEASED (Type or Print) a. (First) Flora			b. (Middle) May		c. (Last) Cook		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 29, 1884		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 11 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Toll			13b. MOTHER'S MAIDEN NAME Mary Birdsel		14. NAME OF HUSBAND OR WIFE Jewell T. Cook		
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ione Starnes, Rt. # 1, Summersville, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis ANTECEDENT CAUSES Cerebral Thrombosis 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 Decompensated Cor Pulmonale Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Diabetes Mellitus 332X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <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 1/15/55 , 19 55 , to 2/1/55 , 19 55 , that I last saw the deceased alive on 2/1/55 , 19 55 , and that death occurred at 12:40P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard Wetzel, D.O.			23b. ADDRESS 700 E. Sunshine, Springfield, Mo.			23c. DATE SIGNED 2/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/2/55	24c. NAME OF CEMETERY OR CREMATORY AR/ROLL		24d. LOCATION (City, town, or county) (State) NEAR SUMMERVILLE, MO.		
DATE REC'D BY LOCAL REG. 2-2-55		REGISTRAR'S SIGNATURE Edna Williams		25. EMBALMER'S SIGNATURE Edna Williams		ADDRESS SPRINGFIELD, MO.	

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 *Walter E. Hansen*

Licensed Embalmer No. *38*

P. O. Address *Greenville*

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.