

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2178**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **4444** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Candon</b>		c. LENGTH OF STAY (in this place) <b>594 years</b>	c. CITY OR TOWN <b>Candon</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Street not listed</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <b>Street not listed 0890</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MURIEL</b>	b. (Middle) <b>J.</b>	c. (Last) <b>COOK.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 1 1955</b>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>March 12, 1894</b>	9. AGE (In years Last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 4 HRS. Days <b>19</b>	Hours	Min.
--------------------	-------------------------------	--	--	---	----------------------------------	--------------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mining</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Candon, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	---

13a. FATHER'S NAME <b>George Cook</b>	13b. MOTHER'S MAIDEN NAME <b>Georgia M. Stutz</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I.</b>	16. SOCIAL SECURITY NO. <b>496-09-7249</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Dorothy King, Kansas City, Missouri</b>	ADDRESS
--	--	--	---------

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) <b>Coronary Thrombosis</b>		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. <b>Bronchial asthma</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)
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 **July**, 1953, to **2-1**, 1955, that I last saw the deceased alive on **2-1**, 1955, and that death occurred at **2:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. Danault M.D.</b>	23b. ADDRESS <b>Richmond</b>	23c. DATE SIGNED <b>2-3-55</b>
---	------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Craven Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Candon, Missouri</b>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>2-8-55</b>	REGISTRAR'S SIGNATURE <b>Helen J. Larkin 272</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richmond, Missouri per Berdella</b>	ADDRESS
--	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1955

FEB 15 1955

MAR 24 1955

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..... Licensed Embalmer No. 466

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.