

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5776**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 32

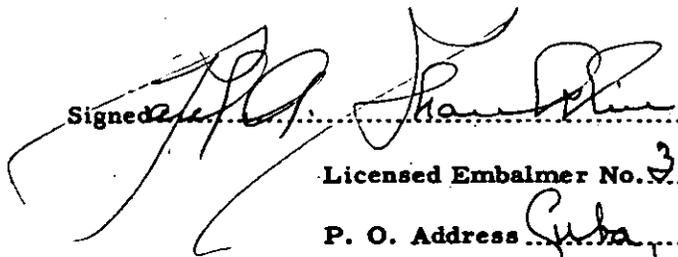
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN Leasburg, Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co. Mem. Hosp		f. STREET ADDRESS (If rural, give location) In Onondaga Cave Park 0280	
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Nora c. (Last) Mook		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 5, 1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Mason County, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME William A. Estep	
13b. MOTHER'S MAIDEN NAME Mary Gilmore		14. NAME OF HUSBAND OR WIFE Robert Lee Mook	
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. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME Robert Lee Mook, Leasburg, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix INTERVAL BETWEEN ONSET AND DEATH about 1 yr 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		171X	
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 Feb 8, 1955 , to Feb 9, 1955 , that I last saw the deceased alive on Feb 8, 1955 , and that death occurred at 4: A.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. Kinderwood (Degree or title) M. D.		23b. ADDRESS 202 West 10th Rolla Mo	
23c. DATE SIGNED 2/10/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Rolla, Mo	
DATE REC'D BY LOCAL REG. Feb. 10, 1955		REGISTRAR'S SIGNATURE Nadine L. Stoll 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 by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed 

Licensed Embalmer No. 347

P. O. Address Cuba, Mo.

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.