

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1954

State File No. 5159
Registrar's No. 5159

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 5159		Registrar's No. 5159			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis			c. LENGTH OF STAY (in this place) 2 weeks			c. CITY (If outside corporate limits, write RURAL and give township) OR Kirkwood 703			d. STREET ADDRESS (If rural, give location) 742 E. Big Bend Rd.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				3. NAME OF DECEASED a. (First) JESS b. (Middle) _____ c. (Last) COOK						4. DATE OF DEATH (Month) (Day) (Year) June 13, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 28, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 6 HRS. Hours 16 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Kentucky			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Cook				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Fissie Cook, Dec'd.			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Hammer, 6731 Mitchell, St. Louis					
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) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Floor of Mouth								INTERVAL BETWEEN ONSET AND DEATH Sudden death	
19a. DATE OF OPERATION 6-13-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma Floor of Mouth						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 143X							
22. I hereby certify that I attended the deceased from 6-1 , 19 55 , to 6-13 , 19 55 , that I last saw the deceased alive on 6-13 , 19 55 , and that death occurred at 8 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) H. L. Tomlinson M.D.				23b. ADDRESS 508 N. Grand				23c. DATE SIGNED 6-14-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/15/55		24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. JUN 14 1955		REGISTRAR'S SIGNATURE J. Charles Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Popp Inc. Kirkwood					

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 _____

working under my personal supervision.

Student
Student Embalmer

Not

Embalmed

Signed _____

L Bopp

Student Embalmer No.

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.