

No. 300
10-48

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25123

State File No. _____

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

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6264 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Webster Co Mo
b. CITY (If outside corporate limits, write RURAL and give town) Rural Hazelwood c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____
2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before death)
a. STATE MO b. COUNTY Webster
c. CITY OR TOWN Rural Hazelwood d. Is Residence within limits of a city or incorporated town? Yes No
3. STREET ADDRESS (If rural, give location) Seymour MO 203

3. NAME OF DECEASED
a. (First) LOUISA b. (Middle) _____ c. (Last) COOK
4. DATE OF DEATH (Month) (Day) (Year) 7-21-55

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 8. DATE OF BIRTH JAN. 12-1879 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Webster Co Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ISAAC MCANTRELL 13b. MOTHER'S MAIDEN NAME MARY 14. NAME OF HUSBAND OR WIFE TOM COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME Red Cook Seymour MO 203 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) Medullary paralysis (increased intracranial pressure) INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Pneumonia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart, Intracranial Cerebral Hemorrhage & Thrombosis Encephalic 3 wks
DUE TO (c) Atherosclerosis ?
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 27, 1955, to July 30, 1955, that I last saw the deceased alive on July 20, 1955, and that death occurred at 2:54 m., from the causes and on the date stated above.

23a. SIGNATURE A. R. Lee (Degree or title) _____ 23b. ADDRESS MO? Seymour 23c. DATE SIGNED 7/21/55

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-24-55 24c. NAME OF CEMETERY OR CREMATORY CENTRY 24d. LOCATION (City, town, or county) (State) WEBSTER CO MO

DATE REC'D BY LOCAL REG. 8-8-1955 REGISTRAR'S SIGNATURE Hilbert Jones 343 FUNERAL DIRECTOR'S SIGNATURE Robert Supper Seymour MO ADDRESS _____

SEP 17 1958

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 *Max J. Meller*.....

Licensed Embalmer No. *473*.....

P. O. Address *Mansfield*.....

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.