

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36707

State File No.

FILED DEC 12 1955

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Newces</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give RURAL and give town) <u>West Plains</u>	c. LENGTH OF STAY (In this place) <u>None</u>	c. CITY OR TOWN <u>Cureal</u>	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 <u>Stoll Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>046th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny Douglas</u> b. (Middle) <u>Cookrum</u> c. (Last) <u>Cookrum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>11-25-55</u>	9. AGE (In years last birthday) <u>7</u> MONTHS <u>4</u> DAYS <u>10</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe Cookrum</u>	13b. MOTHER'S MAIDEN NAME <u>Mary M. Goldie</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Cookrum</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Cookrum</u>	ADDRESS <u>Cureal Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 7-months</u> <u>Pulmonary hyaline membrane?</u> <u>no evident reason</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>5272</u> 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"/>

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 25 55, 1955, that I last saw the deceased alive on 11 23 55, 1955, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

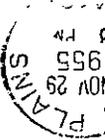
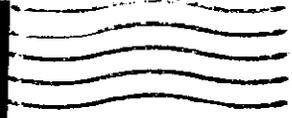
23a. SIGNATURE <u>J. B. Stoll</u>	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>11 29 55</u>
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24a. BURIAL, CREMATION, REPOVAL (Specify)	24b. DATE <u>11/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cureal</u>	24d. LOCATION (City, town, or county) (State) <u>Cureal Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-5-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Robertas West Plains Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 *J. J. Roberts*

Licensed Embalmer No. *343*

P. O. Address *Plainfield, N.J.*

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.