

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

 State File No. **39632**

FILED JAN 10 1956

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 512A		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Mayfield		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN Mayfield		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 Street not numbered				e. STREET ADDRESS (If rural, give location) St not numbered 2090			
3. NAME OF DECEASED (Type or Print) a. (First) HILEY		b. (Middle) MADINE		c. (Last) COOK		4. DATE OF DEATH (Month) (Day) (Year) Dec 29, 1955	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 9, 1934	
9. AGE (In years last birthday) 21		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Mayfield Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Troy Cook		13b. MOTHER'S MAIDEN NAME Iva Tankersley		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Troy Cook Mayfield Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Bronchiectasis DUE TO (c) Congenital Pulmonary Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 Months 15 years 21 years	
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) Mayfield Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 21 , 19 52 , to 12-29 , 19 55 , that I last saw the deceased alive on 12-27 , 1955 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. J. L. Leander M.D.		23b. ADDRESS 24 N. Sprigg Cape Gir., Mo.		23c. DATE SIGNED Jan.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Pullman		24d. LOCATION (City, town, or county) (State) Mayfield Mo	
DATE REC'D BY LOCAL REG. 1-7-56		REGISTRAR'S SIGNATURE Mrs. Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Cascraft		ADDRESS Jackson Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 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.....
Lymann Steele

Licensed Embalmer No. *247*

P. O. Address *Jackson*

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.