

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8614**

FILED MAR 22 1956

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) KENNETT		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN KENNETT	
c. LENGTH OF STAY (In this place) 2 HOURS		d. STREET ADDRESS (If rural, give location) 400 WEST EIGHTH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNKLIN MEMORIAL HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) LYMAN b. (Middle) LEE c. (Last) COOK	4. DATE OF DEATH MARCH 8, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 4, 1916	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days	IF UNDER 10 MINS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE	10b. KIND OF BUSINESS OR INDUSTRY SOY BEAN ELEVATOR	11. BIRTHPLACE (City and State or Foreign Country) TOWNLEE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CLAUDE COOK	13b. MOTHER'S MAIDEN NAME SALLIE McBROOM	14. NAME OF HUSBAND OR WIFE ADA COOK
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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) No	16. SOCIAL SECURITY NO. 494-18-7010	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Cook	ADDRESS Kennett, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Damage		
	ANTECEDENT CAUSES DUE TO (b) Depressed skull fracture DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9023			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 11	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kennett Soy bean mill	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KENNETT DUNKLIN MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-8-56 11:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL WHILE WORKING ATOP BEAN BEN
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22. I hereby certify that I attended the deceased from **3-8, 1956**, to **3-8, 1956**, that I last saw the deceased alive on **3-8, 1956**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph Zimmerman, M.D.	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 12 MAR 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 10, 1956	24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE	24d. LOCATION (City, town, or county) (State) KENNETT MO.
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DATE REC'D BY LOCAL REG. 3-13-56	REGISTRAR'S SIGNATURE Carl H. ...	25. FUNERAL DIRECTOR'S SIGNATURE BALDWIN FUNERAL SERVICE INC.	ADDRESS KENNETT MO.
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

90-0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-14-56

COUNTY FILE NUMBER 356

APR 5 1956

APR 7 1956

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
Student Embalmer

Signed Lyman R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Permitt, 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 this body is not embalmed, fact should be so stated above.