

No. 500
10.48

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9517**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5577** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper Twp		c. CITY OR TOWN Medoc	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 Yrs.		e. STREET ADDRESS (If rural, give location) Rt. 1, Oronogo	

3. NAME OF DECEASED (Type or Print)	a. (First) Dolph	b. (Middle)	c. (Last) Cook	4. DATE OF DEATH (Month) (Day) (Year) March 3, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-22-1870	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 75 5 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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.	17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS Maxine Francisco, 1030 Prickett Lane Billings, Montana
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c)		Years
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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.)	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 24, 1956**, to **March 3, 1956**, that I last saw the deceased alive on **Mar. 3, 1956**, and that death occurred at **12:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. O.	23b. ADDRESS Alba, Mo.	23c. DATE SIGNED 3-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-56	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery	24d. LOCATION (City, town, or county) (State) N. of Webb City, Mo.
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DATE REC'D BY LOCAL REG. 3-12-56	REGISTRAR'S SIGNATURE Mrs. Madeline Sinter	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnice Simpson, Mortuary	ADDRESS Webb City, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAR 19 1956
Jasper County Health Office
County File Number 56-3-~~48~~
Date Filed MAR 19 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.....
Signature of Student Embalmer

Signed *Harvey E. Bruce*

Licensed Embalmer No. 446
P. O. Address *Weth. City*

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.