

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1956

State File No. 26680

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 137 | | PRIMARY REG. DIST. NO. 3023 | | Registrar's No. 256 | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | |
| b. CITY (If outside corporate limits, give RURAL and give township) <u>Clinton</u> | | c. LENGTH OF STAY (in this place) <u>32 yrs</u> | | c. CITY OR TOWN <u>Clinton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 N Carter</u> | | | | e. STREET ADDRESS (If rural, give location) <u>216 N Carter</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>MARTHA</u> | | b. (Middle) <u>ANN</u> | | c. (Last) <u>COOK</u> | |
| 4. DATE OF DEATH | | (Month) <u>Aug</u> | | (Day) <u>24</u> | | (Year) <u>1956</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Mar. 2, 1879</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | 10. MONTH <u>5</u> | | 11. DAY <u>22</u> | | 12. IF UNDER 18 HRS. Hours <u>-</u> Min. <u>-</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lewy City Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>L P Du Vall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Ziller</u> | | 14. NAME OF HUSBAND OR WIFE <u>Chas. W Cook</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>C W Cook</u> ADDRESS <u>Clinton Mo</u> | | | |
| 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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>10 years</u> | |
| 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) m. | | 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 <u>2-16</u> , 19 <u>56</u> , to <u>8-24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>56</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W D Bradshaw, MD.</u> | | | | 23b. ADDRESS <u>Clinton Mo.</u> | | 23c. DATE SIGNED <u>8-24-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 26 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lewy City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lewy City Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-25-56</u> | | REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHABERG FUNERAL HOME Clinton Mo.</u> | | | |

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

5210

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 _____

Licensed Embalmer No. 45

P. O. Address Clinton

* 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.