

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

296755

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6274 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits of city or town) <u>Rural - Middlefork</u> OR <u>Grant City Missouri</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <u>Grant City Missouri</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If not in hospital, give location) <u>South West of Grant City</u>				d. STREET ADDRESS <u>South West of Grant City Missouri</u>			
3. NAME OF DECEASED (Type or print) First <u>Riley</u> Middle <u>Ray</u> Last <u>Cook</u>				4. DATE OF DEATH Month <u>August</u> Day <u>24</u> Year <u>1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>September-20-1879</u>	
10a. USUAL OCCUPATION (Glee kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Handcock County Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Libni Cook</u>				14. MOTHER'S MAIDEN NAME <u>Cora L. Dillon</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Madge Cook Grant City Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of Prostate Gland</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertension, severe</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from <u>May, 1954</u> to <u>Aug 24, 1956</u> and last saw him alive on <u>Aug 23, 1956</u> Death occurred at <u>1:40 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Frank B. Matthews MD</u>				22b. ADDRESS <u>GRANT CITY, MISSOURI</u>		22c. DATE SIGNED <u>8-25-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial Aug 26-1956</u>		<u>Aug 26-1956</u>		<u>Grant City Cemetery</u>		<u>Grant City Mo</u>	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
<u>John Andrews</u>		<u>Aug 30-1956</u>		<u>Rita E. Gowan</u>			

(Licensed Embalmers' Statement on Reverse Side)

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 John Andrews, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Andrews

Licensed Embalmer No. 42

P. O. Address Grant Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.