

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36715**BIRTH NO. **52913-56** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 2 Hours		c. CITY OR TOWN Matthews		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 Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) Route #2			
3. NAME OF DECEASED (Type or Print) a. (First) Willie		b. (Middle) L.		c. (Last) Cook		4. DATE OF DEATH (Month) (Day) (Year) 10 23 1956	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 8-25-1956	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> New Madrid, Missouri	
13a. FATHER'S NAME L. T. Cook			13b. MOTHER'S MAIDEN NAME Dissie Mae Barnes			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Dissie Cook, Matthews, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 week	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho-Pneumonia					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) DUE TO (c)					
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 491X					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 10-23, 1956 , to 10-23, 1956 , that I last saw the deceased alive on 10-23, 1956 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. M. Darns M.D.				23b. ADDRESS Morehouse, Mo.		23c. DATE SIGNED 10-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 25 Oct. 56		24c. NAME OF CEMETERY OR CREMATORY Sandhill		24d. LOCATION (City, town, or county) (State) New Madrid, Mo	
DATE REC'D BY LOCAL REG. 10-25-56		REGISTRAR'S SIGNATURE Mrs. Della Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richardson Undertaking Co. New Madrid, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED OCT 29 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1056-226

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 Tommy E. Roberts

Licensed Embalmer No. 4826

P. O. Address New Madrid

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.