

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42007**

FILED JAN 8 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **203**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Laclede</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	
c. LENGTH OF STAY (in this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>675 N. Madison</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>675 N. Madison Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>675 N. Madison</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>William</b>		a. (First) <b>William</b> b. (Middle) <b>A.</b> c. (Last) <b>Cook</b>	
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 24, 1956</b>		<b>5. SEX</b> <b>Male</b>	
<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>Mar. 6, 1876</b>		<b>9. AGE</b> (In years last birthday) <b>80</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Agriculture</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Lynchburg, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Henry Cook</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Allie Boren</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Annie Cook</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If yes, give war or dates of service) <b>No.</b>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. W. A. Cook, Lebanon, Mo.</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute coronary occlusion</b>	
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____  DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION.</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Lebanon, Mo. Laclede Missouri</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <b>12-24-1956</b> , to <b>12-24-1956</b> , that I last saw the deceased alive on <b>12-24-1956</b> , and that death occurred at <b>3:30P</b> m., from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <b>R. B. Hunt, M.D.</b>		<b>23b. ADDRESS</b> <b>Lebanon, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>12-26-56</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	
<b>24b. DATE</b> <b>12/27/56</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Porter Chapel Cemet.</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Laclede County Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>R. B. Palmer, Lebanon, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>12-27-1956</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Hella L. Gray</b>	

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

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Received 1-7-57

Laclede County Health Unit

File No: 203

Date Filed 1-7-57

**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 Stanley R Palmer

Licensed Embalmer No. 4810

P. O. Address Libany, 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.