

Health, Welfare, Public Service

300-56

ATTENTION: This form must be filled out by the physician in Part I. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8251

STATE FILE NUMBER

FILED MAR 25 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 266

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Springfield</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br><b>Springfield, 3960</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>D.O.A. ST. JOHNS</b>   |                                  | Length of stay in lb<br><b>50 Yrs.</b>  | d. STREET ADDRESS<br><b>1743 Sherman</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>RAY</b> Middle <b>COOK</b> Last <b>COOK</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>21</b> Year <b>1957</b>   |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>18 Nov. 1899</b>   | 9. AGE (In years last birthday)<br><b>57</b>         | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Section Foreman</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>           |   |
| 13. FATHER'S NAME<br><b>Fred Cook</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Julia Dulin</b>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>702-03-9488</b>   | 17. INFORMANT<br><b>Eula Cook</b> Address <b>Springfield, Mo.</b>   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Probable Coronary Occlusion</b>  |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____  |                                  |   |   |  |   |
| 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  |  | COUNTY _____ STATE _____  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>7:00 A.M.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |
| 22a. SIGNATURE<br><i>Edith Williamson</i> (Degree or title)<br><b>Local Registrar of Vital Statistics</b>  |                                  |   | 22b. ADDRESS<br><b>Greene County Court House<br/>Springfield, Missouri</b>  |  | 22c. DATE SIGNED<br><b>3/21/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>3-23-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b>                     |
| 24. FUNERAL DIRECTOR<br><i>J.W. Klingner &amp; Co.</i><br><b>Spgrd. Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-21-57</b>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Edith Williamson</i> |   |

UNATTENDED BY A PHYSICIAN

4201

(Licensed Embalmer's 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 ..... Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed *Max Rhodes* ..... Licensed Embalmer No. ....

P. O. Address *Birmingham, Ala.*

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

Embalmer No. ...  
Date ...  
City ...  
State ...

MAR 28 1957