

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9626**
163

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **5929** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houstonia (Rural)		c. LENGTH OF STAY (in this place) 25 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houstonia (Rural)	
		d. STREET ADDRESS (If rural, give location) 6500	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Green	c. (Last) Cook	4. DATE OF DEATH (Month) (Day) (Year) 3 17 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21 1886	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Cole Camp Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Cook	13b. MOTHER'S MAIDEN NAME Lena Twyman	14. NAME OF HUSBAND OR WIFE Stella Waybright Cook
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 495-40-3816	17. INFORMANT'S SIGNATURE OR NAME Mrs W. B. Cook	ADDRESS Houstonia Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart		DUPLICATE DEATH		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE DEATH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE DEATH		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4202	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) La Monte Pettis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 17 5 30 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-17 1957** to **3-17 1957** that I last saw the deceased alive on **3-16 1957**, and that death occurred at **7:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. ... M.D.	23b. ADDRESS La Monte Mo	23c. DATE SIGNED 3-19-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-20-57	24c. NAME OF CEMETERY OR CREMATORY La Monte Cemetery	24d. LOCATION (City, town, or county) (State) La Monte Mo
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DATE REC'D BY LOCAL REG. 3-20-57	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore	ADDRESS La Monte Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5410

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

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.