

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25492
State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>242</u>		PRIMARY REG. DIST. NO. <u>4361</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before institution). a. STATE <u>MO.</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CANALOU</u>		c. LENGTH OF STAY (in this place) <u>7 YRS</u>		c. CITY OR TOWN <u>CANALOU</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOX 255</u>				e. STREET ADDRESS (If rural, give location) <u>BOX 255-0720</u>			
3. NAME OF DECEASED (Type or Print). a. (First) <u>MARY</u>			b. (Middle) _____			c. (Last) <u>ROOK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 57</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPT. 23, 1904</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>COMO, MISS</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>TOM REDDIX</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIE LEE</u>		14. NAME OF HUSBAND OR WIFE <u>FORD ROOK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. W. JOHNSON</u>		ADDRESS <u>BOX 255</u>	
18. CAUSE OF DEATH 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2</u> days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>July 1, 1957</u> , to <u>July 9, 1957</u> , that I last saw the deceased alive on <u>July 9, 1957</u> , and that death occurred at <u>4 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Eliphant M. Rivers, D.C.</u> (Degree or title)				23b. ADDRESS <u>Box 112 Bell City, MO.</u>		23c. DATE SIGNED <u>7-25-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 14, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-1-57</u>		REGISTRAR'S SIGNATURE <u>Nathaniel L. McRae</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ALVINDOTSON</u>		ADDRESS <u>220 WESTGATE</u>	

DATE RECEIVED AUG 5 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Tris S. Masbauer

Licensed Embalmer No. 460
P. O. Address Leicester

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.