

FILED SEP 9 1957

STANDARD CERTIFICATE OF DEATH

27987
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2600 Registrar's No. 849

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1535 St. Louis		Length of stay in 1b 19 yrs.		d. STREET ADDRESS (If outside, give location) 1535 St. Louis	
3. NAME OF DECEASED (Type or print) First MARGARET Middle Last COOK		4. DATE OF DEATH Month Aug. Day 28, Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1873	9. AGE (In years at birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Hamburg Germany	
13a. FATHER'S NAME Hans Roh		13b. MOTHER'S MAIDEN NAME Katherine Dossen		14. NAME OF HUSBAND OR WIFE Deceased	
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. no		17. INFORMANT Address Mrs. Leonard Kinnett 1535 St. Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Bladder DUE TO (b) with metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis 181X					INTERVAL BETWEEN ONSET AND DEATH 4 mo.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None <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 Hour Month, Day, Year None					
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 2-4-47 to Aug. 28, 1957 and last saw her alive on 8-28-57 Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W. D. Doss, M.D. (Degree or title)		22b. ADDRESS 609 Cherry, Springfield, Mo.	
22c. DATE SIGNED 8-29-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 30, 1957		23c. NAME OF CEMETERY OR CREMATORY Lebanon	
23d. LOCATION (City, town, or county) Lebanon,		(State) Mo.			
24. FUNERAL DIRECTOR Ralph Thieme		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 9-3-57	
26. REGISTRAR'S SIGNATURE Edith Williams					

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No. 1935
 Springfield, Mo.
 1935
 MARCHANT
 COOK
 Oct. 8, 1873
 Female
 White
 Housewife
 Hon. Edward Gorman
 U.S.A.
 Deceased
 Katherine Dorem
 Mrs. Leonard Kinnett
 1935 St. Louis

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 _____ Signed *Lee Mason*
 Signature of Student Embalmer

Licensed Embalmer No. 4568
 P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.