

STANDARD CERTIFICATE OF DEATH

State File No. **41442**

FILED DEC 13 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **235**

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>6 Mo.</b>		c. CITY OR TOWN <b>Near Newburg</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFARLAND NURSING HOME</b>				e. STREET ADDRESS (If rural, give location) <b>6 Mi. So. of Newburg</b>					
3. NAME OF DECEASED (Type or Print) <b>Leo</b>		a. (First) <b>ERNEST</b>		c. (Last) <b>Cook</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 4 1957</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN 7-1893</b>			
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>27</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Clementine Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Phillip Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Charity Klump</b>		14. NAME OF HUSBAND OR WIFE <b>MARY C Cook</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-18-5129</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Cook</b> ADDRESS <b>Newburg Mo</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs?</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asbestos mellitus</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) _____					
II. OTHER SIGNIFICANT CONDITIONS				<b>gangrene of foot</b>					
Conditions contributing to the death but not related to the disease or condition causing death.				<b>tuberculosis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>260X</b>		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)					
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 <b>5-30, 1957</b> , to <b>12-4, 1957</b> , that I last saw the deceased alive on <b>11-27, 1957</b> , and that death occurred at <b>10:45A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E.E. Feind M.D.</b> (Degree or title)				23b. ADDRESS <b>Rolla, Mo.</b>		23c. DATE SIGNED <b>12-6-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Dec 6 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hooker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hooker Mo</b>			
DATE REC'D BY LOCAL REG. <b>Dec 6, 1957</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lee Johnson</b> ADDRESS <b>Newburg Mo</b>					

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RECEIVED

Phelps County Health Officer,

County File Number 904

Date Filed 12/11/57

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 William Lee STRAWHUX....., Student Embalmer No. 543 working under my personal supervision..

Student William Lee Strawhux  
Signature of Student Embalmer

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg, 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.