

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028412
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Des Moines	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		d. STREET ADDRESS (If outside, give location) 947 13th St.	
Length of stay in lb 12 hrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Eugene Middle Shelvia Last Cook			4. DATE OF DEATH Month Aug. Day 24 Year 1958		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1942	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 16 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Auxvasse Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ruben Cook	13b. MOTHER'S MAIDEN NAME Ethel Galbreath	14. NAME OF HUSBAND OR WIFE
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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. unknown	17. INFORMANT Ethel Conner Address Chicago Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Concussion		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) internal Injuries (location undetermined) Fracture Left Femur		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Two Car Head On accident on highway
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20c. TIME OF INJURY 8:30 p.m.	Month, Day, Year 8/23/58
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Hiway	20f. CITY, TOWN, OR LOCATION Hiway 54 1 mi. n. Auxvasse	COUNTY Callaway	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **8 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Darryl A. Stewart</i> (Degree or title) Coroner 3	22b. ADDRESS Fulton Mo.	22c. DATE SIGNED 8/24/58
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23a. BURIAL, CREMATION, etc. (Specify) Burial	23b. DATE 8/27/58	23c. NAME OF CEMETERY OR CREMATORY Ridge	23d. LOCATION (City, town, or county) (State) Callaway County Mo.
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24. FUNERAL DIRECTOR <i>Maryann F. ...</i> ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Aug 30 - 1958	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

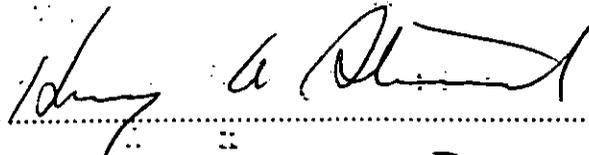
MEDICAL CERTIFICATION

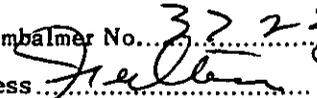
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3222
P. O. Address 

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.