

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028971

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>POTTERSVILLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Bakersfield</u> <u>6460</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R 2 R</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Theo.</u> Middle <u>Edw.</u> Last <u>Cookrum</u>		4. DATE OF DEATH Month <u>8</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-10-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	10. BIRTHPLACE (City and state or country) <u>Custer Ark</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Bill Cookrum</u>	
13b. MOTHER'S MAIDEN NAME <u>Nettie Herron Blanchard Cookrum</u>		13c. NAME OF HUSBAND OR WIFE <u>Jas E. Cookrum</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>Yes</u>	
17. INFORMANT <u>Jas E. Cookrum, Potterville, Mo</u>		Address <u>Potterville, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Labor Pneumonia -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>DO NOT</u> (b) <u>Cardio-Vascular Renal Disease</u> DUE TO (c) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u>5:25 A</u> Month, Day, Year <u>10 Apr 1958</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>West Plains, Mo</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>West Plains, Mo</u>	
21. I attended the deceased from <u>10 Apr 1958</u> to <u>25 Aug 1958</u> and last saw him alive on <u>24 Aug 1958</u> Death occurred at <u>5:25 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>G. W. D.</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>29-8-58</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>[Signature]</u>		23b. DATE <u>8-27-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Free Union</u>		23d. LOCATION (City, town, or county) (State) <u>Leola Mo</u>	
24. FUNERAL DIRECTOR <u>Robertson West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-4-58</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

All diseases in Part I must be causally related. Doctor, Embolmer, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *L. A. Roberts*

Licensed Embalmer No. *3437*
P. O. Address *West Hill*

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.