

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029674

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 267

FILED AUG 28 1958

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Philadelphia, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clark Rest Home		Length of stay in lb 18 mo.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lucy Jane Mook			4. DATE OF DEATH Month Day Year Aug. 7, 1958
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 June 9, 1867
10a. USUAL OCCUPATION (Give kind of work done during time of working life, specify if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Educational	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 91 Months Days Hours Min. 1 28
11. BIRTHPLACE (City and state or country) Philadelphia, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edwin C. Spence		13b. MOTHER'S MAIDEN NAME Catherine Lafoe	
14. NAME OF HUSBAND OR WIFE Fred L. Mook		17. INFORMANT Address Ben L. Mook, Hannibal, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition DUE TO (b) senility DUE TO (c) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1958 to aug 1958 and last saw her alive on 27 July 1958 Death occurred at 12:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wyeth Hamlin M.D.		22b. ADDRESS Hannibal Mo.	
22c. DATE SIGNED 8/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 9:58	
23c. NAME OF CEMETERY OR CREMATORY Philadelphia,		23d. LOCATION (City, town, or county) (State) Philadelphia, Mo.	
24. FUNERAL DIRECTOR ADDRESS Feaster-Garner, Philadelphia, Mo.		25. DATE RECD. BY LOCAL REG. REGISTAR'S SIGNATURE 8-12-58 Dr. E. M. Lucke, By W. T. Fisher	

All diseases in Part I must be causally related.
 doctor, coroner, 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

RECEIVED AUG 27 1958
MARION CO. HEALTH DEPT.
DATE FILED AUG 27 1958

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 David R. Brown

Licensed Embalmer No. 3720

P. O. Address More City

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.