

**URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039705**

**FILED VS NOV 30 1959**

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 1000 Registrar's No. 1268

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b	c. CITY OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2044 N. Taylor</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>SHERMAN</b> Middle <b>W.</b> Last <b>ROOK</b>			4. DATE OF DEATH Month <b>November</b> Day <b>23</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6 Aug. 1889</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ice &amp; Fuel Co. Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>William Rook</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Hicks</b>		14. NAME OF HUSBAND OR WIFE <b>Rena Rook</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-03-4839</b>		17. INFORMANT Address <b>Doris Burdett (Daughter) Springfield, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Contusion-laceration of brain.</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Extensive skull fracture.</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) <b>Multiple fractures of pelvis and both lower extremities.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>While crossing street as pedestrian, he was struck by moving automobile.</b>	
20c. TIME OF INJURY Hour <b>8:30 P.M.</b> Month, Day, Year <b>11/22/59</b>			

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, farm, factory, street, office bldg., etc.) <b>National &amp; Atlantic Sts.</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield,</b> COUNTY <b>Greene</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>11/22/59</b> to <b>11/22/59</b> and last saw him alive on <b>11/23/59</b> Death occurred at <b>2:00</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>James E. Johnson, M.D.</b>		22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>11-25-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/25/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>

24. FUNERAL DIRECTOR ADDRESS <b>KLINGNER MORTUARY, INC. SPRINGFIELD Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-27-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Meelton</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. 290

working under my personal supervision.

Student

John Klingner Jr  
Signature of Student Embalmer

Signed

Glen D Williams

Licensed Embalmer No.

4651

P. O. Address

Springfield

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.