

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041812

Registration District No. 236 Primary Registration District No. 4350 Registrar's No. 61 STATE FILE NUMBER

AMENDED

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

THEY WHO SHOULD READ

DOCUMENT

| | | | | | | | | |
|--|-------------------------------|---|--|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Morgan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Morgan</u> | | | | |
| b. CITY (If outside corporate limits give TOWNSHIP only) <u>Syracuse</u> | | Length of stay in [b] <u>1 week</u> | | c. CITY OR TOWN <u>Syracuse</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 <u>5 miles E. of Otterville</u> | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>5 miles E. of Otterville</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>BERNECK COOK</u> | | | | 4. DATE OF DEATH <u>Nov. 23, 1961</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>wh</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Sept 21, 1945</u> | 9. AGE (last birthday) <u>16</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High school</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u> | | 11. BIRTHPLACE (City and state or country) <u>Midridge, MO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>Elmer Cook</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nellie Stroup</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT <u>Elmer Cook, Syracuse, MO.</u> Address _____ | | | | |
| 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>Embryonal Sarcoma</u> DUE TO (b) <u>Rhabdomyosarcoma of left thigh</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | 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 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>11/4/61</u> to <u>11/23/61</u> and last saw him alive on <u>11/23/61</u> Death occurred at <u>10:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>A.O. Benjix D.O.</u> (Degree or title) | | | | 22b. ADDRESS <u>Otterville, MO.</u> | | 22c. DATE SIGNED <u>11/24/61</u> (State) | | |
| 23a. BURIAL, CREMATION OR TOWNSHIP (Specify) <u>Burial</u> | | 23b. DATE <u>Nov. 25, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ellington Ceme. Ellington, MO</u> | | 23d. LOCATION (City, town, or county) <u>Ellington, MO</u> | | | |
| 24. FUNERAL DIRECTOR <u>Hays - Painter, Otterville, MO</u> ADDRESS _____ | | | 25. DATE RECD. BY LOCAL REG. <u>11-24-61</u> | | 26. REGISTRAR'S SIGNATURE <u>J. H. Washburn</u> | | | |

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Atterville,

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.