

No. 300
10.48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15635**

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **45**

0422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | |
| c. LENGTH OF STAY (in this place) 12 yrs | | d. STREET ADDRESS (If rural, give location) 210 N Carter | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 210 N Carter | | | |

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|--|--------------------------|-----------------------|------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) John | b. (Middle) Betty | c. (Last) Cook | 6-4-1954 | | |

| | | | | | | | | |
|--------------------|-------------------------------|---|------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 10-19-1872 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

| | | | |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Lewis Station Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
|--|-----------------------------------|--|---|

| | | |
|---|--|---|
| 13a. FATHER'S NAME George W Cook | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Ethel Cook |
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|---|-------------------------|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Clyde Cook | ADDRESS Clinton Mo |
|---|-------------------------|---|---------------------------|

| | | | |
|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 m |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) perforated ulcer stomach | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ulcer stomach DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 5400 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **May 27, 1954**, to **June 4, 1954**, that I last saw the deceased alive on **June 2, 1954**, and that death occurred at **6 p.m.**, from the causes and on the date stated above.

| | | |
|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS Clinton Mo | 23c. DATE SIGNED 6-6-54 |
|---|--------------------------------|--------------------------------|

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|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-6-1954 | 24c. NAME OF CEMETERY OR CREMATORY Carrsville cem | 24d. LOCATION (City, town, or county) (State) Henry Co Mo |
|---|---------------------------|--|--|

| | | | |
|---|---|---|---------------------------|
| DATE REC'D BY LOCAL REG. June 6-54 | REGISTRAR'S SIGNATURE Florence Adair | 25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Danning | ADDRESS Clinton Mo |
|---|---|---|---------------------------|

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4290

P. O. Address Clinton Mo

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 this body is not embalmed, fact should be so stated above.