

MAY 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14204
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006 Registered No. 102
(c) City Columbia (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Everett E. Cook

(a) Residence, No. 1005 Wilkes Blvd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lenora Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1894
7. AGE YEARS 54 MONTHS 9 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Accident
Date of onset _____

Other contributory causes of importance:
Caught between a ladder & Basement floor

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.
FATHER 13. NAME James H. Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.
MOTHER 15. MAIDEN NAME Dorah Hardy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co., Mo.
17. INFORMANT (ADDRESS) Lenora Cook
Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Spring DATE 5/12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. O. Nillett
Columbia, Mo.
20. FILED 5/11/39 Allie Selby Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? no.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 10, 1939
Where did injury occur? Basement lumber yard
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at work Public Place
Manner of injury chest crushed
Nature of injury chest crushed
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. P. Tolson Registrar.
74 (Address) 26 N 9 St Columbia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leonard J. Spunkle
Licensed Embalmer No. 4013

P. O. Address.....

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, above space should be left blank.