

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 539Primary Registration District No. 4320Registrar's No. 53

1. PLACE OF DEATH:

- (a) County Madison
 (b) City or town Marguand
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution None
 (Specify whether _____)

In this community _____
 years, months or days3. (c) PRINT FULL NAME DOLLIE ELIZABETH COOK3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife VESTER 6. (c) Age of husband or wife if
B. COOK alive 62 years7. Birth date of deceased October 14 1881
(Month) (Day) (Year)8. AGE: Years 60 Months 10 Days 17 If less than one day
hr. _____ min. _____9. Birthplace Marguand Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

- MOTHER FATHER
 12. Name Wm. Hale
 13. Birthplace Marguand Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Wm. Skagg Hale
 15. Birthplace Marguand Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Vester B. Cook(b) Address Marguand Mo17. (a) Burial (b) Date thereof Aug 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stephens Cemetery18. (a) Signature of funeral director C. H. Homan(b) Address Marguand Mo19. (a) Aug 12 1941 (b) S. J. S. S. S.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Madison
 (c) City or town Marguand
 (If outside city or town limits, write "RURAL")

(d) Street No. _____
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
 year 1941 hour 1 minute 0 M.21. I hereby certify that I attended the deceased from
dead on my arrival, 1941;
 that I last saw her alive on April, 1941;
 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Haemorrhage Duration 2 hrs.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Fredrick Town (M. D. or other) _____
 Address Fredrick town Mo Date signed 8/12/41

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

Signed.....

Licensed Embalmer No.....

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.