

No. 300
1-10-47
5-17-39
I 3908

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

26967

State File No. _____

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 192

Primary Registration District No. 4305

Registrar's No. 29

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

1. PLACE OF DEATH: **McDonald**

(a) County **Anderson**

(b) City or town **Anderson**
(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 _____ (Specify whether)

In this community **Two Days Hours**
(years, months or days)

3: (a) PRINT FULL NAME **Ronald Dean Cook**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Child**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 12 1948**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **Two hr. min.**

9. Birthplace **Anderson, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ora Cook**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Bha Amall**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ora Cook**

(b) Address **Anderson, Mo**

17. (a) **Burial** (b) Date thereof **8 12 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anderson, Mo**

18. (a) Signature of funeral director *John J. ...*

(b) Address **Anderson, Mo**

19. (a) **8-24-48** (b) *Virginia Buck*
(Date received local registrar) (Registrar's signature) 29

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **McDonald 60**

(c) City or town **Anderson**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **12**
year **1948** hour **Two** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Aug. 12**
48 to **Aug. 12/48**, 19 **48**
that I last saw him alive on **Aug. 12**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia** Duration **2Hrs.**

Due to **Premature**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **159**

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)

(c) Means of injury _____

23. Signature *J. B. Buck* (M. D. or other) **M. D.**
Address **Anderson, Mo.** Date signed **8/14/48**

RECEIVED

District Health Officer No. 61

District File Number

Date Filed

948-889
SEP 10 1948

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, fact should be so stated above.