

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7372**

1087
 4

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheldon, Mo.	
c. LENGTH OF STAY (in this place) 6 wks		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION Convalescent Home, Cedar St.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) E. LEE c. (Last) COOK			4. DATE OF DEATH (Month) (Day) (Year) 2 23 50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 26 1865		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Eli Cook	13b. MOTHER'S MAIDEN NAME Julia Harter	14. NAME OF HUSBAND OR WIFE Pearl Lee Millsted
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Hensley ADDRESS Sheldon
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 154X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) m. —	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 **4-2**, 19**43**, to **2-13**, 19**50**, that I last saw the deceased alive on **2-11**, 19**50**, and that death occurred at **5:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Baxter Davis, M.D.	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 2-15-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/16/50	24c. NAME OF CEMETERY OR CREMATORY Newton Park	24d. LOCATION (City, town, or county) (State) Nevada Mo.
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DATE REC'D BY LOCAL REG Feb 27, 1950	REGISTRAR'S SIGNATURE Kathryn H. Hancus	331	25. FUNERAL DIRECTOR'S SIGNATURE L. Gerald Beany ADDRESS Sheldon, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 2-50-157
Date Filed 2-6-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed D. Gerald Deery

Signed
Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Holden, 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.