

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24321

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo Rural Bys</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8840</u>	

3. NAME OF DECEASED (Type or Print), a. (First) <u>RUTH</u> b. (Middle) <u>MAY</u> c. (Last) <u>COOKSEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-8-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-18-1919</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>30 7 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unmated 15 yrs</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Homer Cooksey</u>	13b. MOTHER'S MAIDEN NAME <u>Suey Biggley</u>	14. NAME OF HUSBAND OR WIFE <u>R</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Homer Cooksey</u> ADDRESS <u>Buffalo Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		<u>1 wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis - Right Kidney</u> DUE TO (c) <u>Nephrectomy left</u>		<u>12 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>6000</u>

19a. DATE OF OPERATION <u>1936</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pyelonephritis left</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 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 Jan, 1946, to July 7, 1950, that I last saw the deceased alive on 7-7, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. Buffin</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>14 July 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fraser</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 24, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones</u> ADDRESS <u>Buffalo Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

8840

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 3 1950

Dist. File 850-924

Date Filed 8-5-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maurice B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.