

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40240

State File No. \_\_\_\_\_

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5388 Registrar's No. 88

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

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Andy</u>	b. (Middle) <u>Cooksey</u>	c. (Last)	(Month) <u>12</u>	(Day) <u>15</u>	(Year) <u>50</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 31, 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 HR. Hours <u>18</u>	IF UNDER 15 MIN. Min. <u>11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James M. Cooksey</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Cooksey</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Cooksey</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arley Cooksey</u>	ADDRESS <u>St. Louis, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>181X</u>			

19a. DATE OF OPERATION <u>Oct 23 50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large Carcinoma Hepaticum &amp; Renal Mass</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK? (Specify) WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from 1885, 1944, to 1916, 1850, that I last saw the deceased alive on 1916, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>958 North Broadway St. St. Louis Mo</u>	23c. DATE SIGNED <u>Dec 18 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>SALEM, MO</u>
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DATE REC'D BY LOCAL REG. <u>12-20-50</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M. W. by [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul K. Spencer</u>	ADDRESS <u>Salem, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
DEC 26 1950  
DISTRICT HEALTH OFFICE No. 4  
File No.

Form 10-1-50

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 Wm. W. McDonald

Signed.....  
Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Salem, 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.