

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3770

3770

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 60

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. LENGTH OF STAY (In this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville, Mo</u> | | 0277 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>222 West. Spring St.</u> | |
| 3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Logan</u> c. (Last) <u>Cook</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1951</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 15. 1928</u> |
| 9. AGE (In years last birthday) <u>22</u> | | 10. MONTHS <u>4</u> | 11. YEARS <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>In Tavern</u> | 11. BIRTHPLACE (State or foreign country) <u>Sandy Hook, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Hugh Elmer Cook</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Vera Cook</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 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>495-30-2969</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vera Cook Palmer</u> | | ADDRESS | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>Maxim trauma of abdomen & chest</u> DUE TO (c) <u>multiple fractures of pelvis & tibia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple lacerations</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Fr. 816/2</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) <u>Accident</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 46</u> | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>Columbia Boone</u> (STATE) <u>Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-7-51 10:45 a.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>Automobile run into transport truck</u> | | 22. I hereby certify that I attended the deceased from <u>10:45 a.m.</u> to <u>11:00 a.m.</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19 _____, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Harry M. Griffith, M.D., Coron.</u> | | 23b. ADDRESS <u>Columbia Mo</u> | |
| 23c. DATE SIGNED <u>3-9-51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Mar. 11. 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Jamestown, Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bowlin - California</u> | |
| 25. ADDRESS <u>California</u> | | DATE REC'D BY LOCAL REG. <u>Mar 9 1951</u> | |
| REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | 31 | |

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

01050

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RECEIVED 2-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-13-51

AUG 29 1951
MAR 21 1951

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, _____

working under my personal supervision.

Student Embalmer No.

Signed

Clarence M. Billo

Signed.....
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address. *Columbia, 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.