

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25632**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2712</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY, (in this place) <u>1 DAY</u>		a. STATE <u>Illinois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY, (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sesser</u>		b. COUNTY <u>Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Alan</u>		b. (Middle) _____	c. (Last) <u>Cook</u>	(Month) <u>7</u>	(Day) <u>18</u>	(Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 15-1950</u>	9. AGE (In years last birthday) <u>1</u>	10. MONTHS <u>38</u>	11. DAYS <u>8</u>	12. HOURS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Benton, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Vallie Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Ells Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Vallie Cook Sesser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. ADDRESS <u>Sesser, Ill.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c) _____				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTecedent CAUSES			
				DUE TO (b) <u>Congenital Heart disease, cyanotic type - Transposition of Great Vessels</u>			
				DUE TO (c) <u>unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS				7544			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <u>7-17</u> , 19 <u>51</u> to <u>7-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>51</u> , and that death occurred at <u>8:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chester P. Lyntwiler M.D.</u>				23b. ADDRESS <u>1325 S. Grand Ave.</u>		23c. DATE SIGNED <u>7-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-20-51</u>		24c. NAME OF CEMETERY, OR CREMATORY _____		24d. LOCATION (City, town, or county) <u>Sesser Illinois</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>7-21-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Lamb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS _____			

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

**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 \_\_\_\_\_

*Ronald O. Yahrke*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis 10*

**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.