

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31252

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 289

1. PLACE OF DEATH  
 a. COUNTY St. Francois  
 b. CITY OR TOWN Esther  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
 a. STATE Missouri b. COUNTY St. Francois  
 c. CITY OR TOWN Esther  
 d. STREET ADDRESS 317-9th St.

3. NAME OF DECEASED (Type or Print)  
 a. (First) Alice b. (Middle) May c. (Last) Cooksey  
 4. DATE OF DEATH (Month) (Day) (Year) Sept. 1 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
 8. DATE OF BIRTH 8-5-1862 9. AGE (In years last birthday) 89 10. KIND OF BUSINESS OR INDUSTRY Housewife  
 11. BIRTHPLACE (State or foreign country) Hickman Co. Ky 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Easter 13b. MOTHER'S MAIDEN NAME Sarah Cox 14. NAME OF HUSBAND OR WIFE Samuel Cooksey (Deceased)

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. Riddie Barker ADDRESS Esther, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
 ANTECEDENT CAUSES (b) cerebral arteriosclerosis  
 (c) unknown  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 334X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1951, to Sept. 1, 1951, that I last saw the deceased alive on 8-26, 1951, and that death occurred at 11:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Byron Taylor, M.D. 23b. ADDRESS Flat River, Mo. 23c. DATE SIGNED 9-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-4-51 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem 24d. LOCATION (City, town, or county) (State) Flat River Mo.

DATE REC'D BY LOCAL REG. Sept. 6, 1951 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE B. J. Dayer & Son ADDRESS Weslodge Mo

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

0940

~~File No.~~  
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

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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 J. T. Dayer

Licensed Embalmer No. 3660

P. O. Address Allespige 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.