

STANDARD CERTIFICATE OF DEATH

State File No. 36117

FILED NOV 13 1957

BIRTH NO. REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike 1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bloomfield, Mo. 20.</u>		d. STREET ADDRESS (If rural, give location) <u>Bloomfield, Mo. R-7-D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOURSA</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>COOKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH <u>Apr. 4, 1874</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>77 6 22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Stoddard Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Osiah S. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Lancy English</u>	14. NAME OF HUSBAND OR WIFE <u>James Cookson deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Cookson</u>	17. ADDRESS <u>Bloomfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5-10 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decongestion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)		
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 <u>4:22</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1 Jan, 1957, to 26 Oct, 1951, that I last saw the deceased alive on 26 Oct, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Merrill M.D.</u>	23b. ADDRESS <u>Advance Mo.</u>	23c. DATE SIGNED <u>20 Oct 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 28, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wales Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Advance Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-51</u>	REGISTRAR'S SIGNATURE <u>Bernice Wood</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>	ADDRESS <u>Advance Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 10 1961

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 \_\_\_\_\_

*William H. Morgan*

working under my personal supervision.

Student Embalmer No. ....

Signed *William H. Morgan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4670*

P. O. Address *Arroyo, N.M.*

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.