

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36942**

BIRTH NO. 1-7711-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 949-B

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY OR TOWN Springfield	c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Billings "Rural" Union 1040	d. STREET ADDRESS (If rural, give location) Route #2, Billings
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Carolyn	b. (Middle) Sue	c. (Last) Cook	(Month) Nov.	(Day) 5	(Year) 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 14, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 22	IF UNDER 2 HRS. Hours 	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Roy Cook	13b. MOTHER'S MAIDEN NAME Louise Gold	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Roy Cook	ADDRESS Rt. #2, Billings, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malrotation of intestine (congenital) with torsion volvulus of midgut, & gangrene of ileum and peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 10/14/51	19b. MAJOR FINDINGS OF OPERATION Above	20. AUTOPSY? YES <input checked="" 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) m. 	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 10/14, 1951, to 11/5, 1951, that I last saw the deceased alive on 11/5, 1951, and that death occurred at 800 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. J. Leichert, MD	(Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 11/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Wright's Cemetery	24d. LOCATION (City, town, or county) (State) Stone County Missouri
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DATE REC'D BY LOCAL REG. 11-13-51	REGISTRAR'S SIGNATURE W.E. Woodley	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.