

FILED DEC 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **40671**

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4044** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE c. CITY (If outside corporate limits, write RURAL and give township) STURGEON d. STREET ADDRESS (If rural, give location)	
b. CITY (If outside corporate limits, write RURAL and give township) STURGEON		c. CITY (If outside corporate limits, write RURAL and give township) STURGEON	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Willard	b. (Middle) Ephraim	c. (Last) Cook	4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26 - 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 24	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARNER - RETIRED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John E. Cook	13b. MOTHER'S MAIDEN NAME Susan Tisdell	14. NAME OF HUSBAND OR WIFE Mrs. Minnie Cook
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. Parks Clark, Mo.	ADDRESS Clark, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Carcinoma Stomach - 1 year		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES			
	Morbidity 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Sept 1951**, to **Dec 20 1951**, that I last saw the deceased alive on **Dec 15, 1951**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. M. C. Sturgeon, M.D.	(Degree or title)	23b. ADDRESS Sturgeon Mo.	23c. DATE SIGNED 12/22/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 23 1951	24c. NAME OF CEMETERY OR CREMATORY CENTRALIA	24d. LOCATION (City, town, or county) (State) CENTRALIA - Mo.
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DATE REC'D BY LOCAL REG. Dec 23 - 1951	REGISTRAR'S SIGNATURE Maud Mc Bride	25. FUNERAL DIRECTOR'S SIGNATURE Baines & Booth Sturgeon Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 26 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, or by _____

Bill-J. Meador

working under my personal supervision.

Student Embalmer No. 406

Signed Bill J. Meador
Student Embalmer

Signed R.C. Boothe

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.