

FILED JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17482

State File No. \_\_\_\_\_  
Registrar's No. 29

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5945

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) n Dillon		c. CITY (If outside corporate limits, write RURAL and give township) QULIN 8170	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) IN QULIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fernside n Home			
3. NAME OF DECEASED a. (First) NEWTON b. (Middle) TAYLOR c. (Last) COOK			4. DATE OF DEATH (Month) (Day) (Year) MAY 22 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH DEC. 25, 1880
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER	11. BIRTHPLACE (State or foreign country) MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES COOK		13b. MOTHER'S MAIDEN NAME LIZA BUMPUS	14. NAME OF HUSBAND OR WIFE
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Ruby Snider
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS Brosey Mo.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7955	
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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE S. L. Miller, M.D.		23b. ADDRESS Canaan, Mo	23c. DATE SIGNED 5/21/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-24-52	24c. NAME OF CEMETERY OR CREMATORY BROWN CHAPEL	24d. LOCATION (City, town, or county) (State) BUTLER MO.
DATE REC'D BY LOCAL REG. 6/3/52	REGISTRAR'S SIGNATURE Mrs. Wayne S. Roberts	25. FUNERAL DIRECTOR'S SIGNATURE O E Leckie, St James Mo	

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

1810  
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NOV 17 1952

County File Number \_\_\_\_\_  
Date Filed 6-9-52

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

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. E. Licklider*  
Licensed Embalmer No. 3544

P. O. Address St James 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.