

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36013

State File No. _____

RECORDED 21 1952

224

PRIMARY REG. DIST. NO. 6008

Registrar's No. 243

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 6008		Registrar's No. 243	
1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Prairie</i>		c. LENGTH OF STAY (In this place) <i>Instant</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>417 Jefferson and Moberly Mo</i>		d. STREET ADDRESS (If rural, give location) <i>08830</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Highway 63 Three miles south of Moberly</i>				d. STREET ADDRESS (If rural, give location) <i>08830</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES PRESTON</i> b. (Middle) _____ c. (Last) <i>COOK</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct-13-1952</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Aug-24-1931</i>		9. AGE (In years last birthday) <i>21</i>	10. MONTHS <i>0</i>	11. DAYS <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Aircore</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <i>Madison Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Frank Burton Cook</i>		13b. MOTHER'S MAIDEN NAME <i>Yo Ella Woodson</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes Korea</i>		16. SOCIAL SECURITY NO. <i>486-34-9140</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frank O. Cook Moberly Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>Asphyxiation due to trauma</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Struck from a automobile against a post, a screw lock in the trunk of the car caused death</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					19. INTERVAL BETWEEN ONSET AND DEATH <i>088</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>NEB South</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Moberly Randolph Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 13 5 21 PM '52</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Struck from a. auto on Highway 63 south</i>			
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 <i>11:55 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Chas. E. Haines 3 Coroner</i>				23b. ADDRESS <i>Moberly Mo.</i>		23c. DATE SIGNED <i>Oct. 14-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct-15-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>		24d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Oct 15 52</i>		REGISTRAR'S SIGNATURE <i>Leale Wellman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Leale Wellman</i>		ADDRESS <i>Leale Wellman Home Moberly Mo</i>	

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

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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 R. M. Carter

Licensed Embalmer No. 4117

P.-O. Address Moherly 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.