

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23586**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **6115** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D.#1 Sikeston, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D.#1 Sikeston, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. I		d. STREET ADDRESS (If rural, give location) R. I 1000	

3. NAME OF DECEASED a. (First) Baby b. (Middle) Boy c. (Last) Cook			4. DATE OF DEATH (Month) 6 (Day) 9 (Year) 1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED S	8. DATE OF BIRTH 6/9/53	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 18 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leonard Cook	13b. MOTHER'S MAIDEN NAME Edith Huston	14. NAME OF HUSBAND OR WIFE X X
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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 None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leonard Cook ADDRESS R#1 Sikeston, 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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity (7 Mo. gestation) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) No doctor in attendance DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 77LX	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) Benton Mo
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 **8:15 a.m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Delmer C. Buckthorpe M.D. Health Officer	23b. ADDRESS Benton Mo	23c. DATE SIGNED 6-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/9/53	24c. NAME OF CEMETERY OR CREMATORY Gardner Cemetery	24d. LOCATION (City, town, or county) (State) R#1 Sikeston, Mo
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DATE REC'D BY LOCAL REG. 6-23-53	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	FUNERAL DIRECTOR'S SIGNATURE Address Mary Jones Director Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 29 1958

RECEIVED
RECEIVED
SCOTT COUNTY HEALTH CENTER
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 653-144

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 Alton

Licensed Embalmer No. _____

P. O. Address _____

7941
John Alton

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.