

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23805

State File No.

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 601

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| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Fairfax</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton Twp.</u> <u>0440</u> | |
| c. LENGTH OF STAY (in this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) <u>3 Mile N.E. of Mound City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u> | | | |

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|-------------------------------------|---------------------------|---------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>Edward</u> | c. (Last) <u>Cooksey</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1953</u> |
|-------------------------------------|---------------------------|---------------------------|--------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>3</u> | 8. DATE OF BIRTH <u>June 10, 1884</u> | 9. AGE (In years last birthday) <u>69</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 100 Hrs. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>David Cooksey</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Elsie M. Cooksey</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Killin</u> | ADDRESS <u>2915 N. 6th St. Joe</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>002X</u> | 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) | 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 July 12, 1953, to July 17, 1953, that I last saw the deceased alive on July 17, 1953 and that death occurred at 10 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Isaac P. Sweeney M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Benton, Mo.</u> | 23c. DATE SIGNED <u>7-17-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/20/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Benton Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Holt Co., Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7/22/53</u> | REGISTRAR'S SIGNATURE <u>Maxwell A. [Signature]</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u> | ADDRESS <u>Mound City, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 James H Crawford

Licensed Embalmer No. 4796

P. O. Address Round City

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.