

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

State File No. **35508**

FILED **OCT 27 1953**
BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **5418** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden, Mo R 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Melton c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 10 5 53		
5. SEX Male		6. COLOR OR RACE Cauc.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7/15/86		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Wayne County Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Cook		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Vina Ellen Cook	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vina Ellen Cook Dudley Mo R 1	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
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 4202		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-4**, 19**53**, to **10-5**, 19**53** that I last saw the deceased alive on **10-4**, 19**53**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Schurman M.D.		23b. ADDRESS Malden Mo.		23c. DATE SIGNED 10-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/7/53		24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery	
		24d. LOCATION (City, town, or county) (State) Malden, Missouri			

DATE REC'D BY LOCAL REG. 10-21-53		REGISTRAR'S SIGNATURE J. J. Schurman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Fun Ser Dexter, Mo	
---	--	--	--	---	--

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-26-83.....
COUNTY FILE NUMBER 6853-28

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.....

Earl N. Wathen

Student Embalmer No. 489

working under my personal supervision.

Student *Earl N. Wathen*
Student Embalmer

Signed *Walter Murch Wathen*

Licensed Embalmer No. 4717

P. O. Address *Sevier 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.