S. No. 300
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FILED DEC 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44040

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 401

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

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington Rural St.Francois
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
d. STREET ADDRESS (If rural, give location) 265 South Park Manor

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3. NAME OF DECEASED (Type or Print)
a. (First) NELSON
b. (Middle) HENRY
c. (Last) COOK

4. DATE OF DEATH (Month) (Day) (Year) November 18, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 29, 1915
9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months 3 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Law enforcement work-
10b. KIND OF BUSINESS OR INDUSTRY chief of police
11. BIRTHPLACE (City and State or Foreign Country) Forest City, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Frank C. Cook
13b. MOTHER'S MAIDEN NAME Louise Holtgreve
14. NAME OF HUSBAND OR WIFE Ruby Ruth Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War II.
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No.4, Farmington, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Maniacal Exhaustion - - - - - - - - - - -	4 das.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Psychosis, unclassified - - - - -	Abt. 2½ mos.
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 309 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 14, 1953 *to* November 18, 1953, *that I last saw the deceased alive on* November 18, 1953, *and that death occurred at* 5:48 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan MD
23b. ADDRESS State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery
24d. LOCATION (City, town, or county) (State) Lebanon, Mo.

DATE REC'D BY LOCAL REG. NOV 19, 1953
REGISTRAR'S SIGNATURE Esther Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE Palmer, Lebanon — ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, N

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.