

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9482**

30-48

FILED **MAR 16 1954**

BIRTH NO. _____ REG. DIST. NO. **241** PRIMARY REG. DIST. NO. **5829** Registrar's No. **6**

720

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY New Madrid	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville Mo.	c. LENGTH OF STAY (In this place)	d. STREET ADDRESS (If rural, give location)
a. STATE Missouri COUNTY New Madrid		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moretown 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HENRY	b. (Middle) Cook	c. (Last) SR	Feb 26 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 22 1931		9. AGE (In years last birthday) 23 Months 0 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Portageville Mo	
13a. FATHER'S NAME Henry C Cook			13b. MOTHER'S MAIDEN NAME Martha Mann		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 31 Jan 52 - 16 Jan 54		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Henry C Cook ADDRESS Portageville	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto accident		DUE TO (b) Skull fractured Right side			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb - 26 - 54 - 3:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 072

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 **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ans. Hedgespeth - Coroner		23b. ADDRESS New Madrid Mo		23c. DATE SIGNED Feb 26 - 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 28 1954	24c. NAME OF CEMETERY OR CREMATORY Portageville	24d. LOCATION (City, town, or county) (State) Portageville Mo	
DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Ellen DeLeslie	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Funer ADDRESS Portageville Mo		

1954 JUN 1
1954 OCT 5

MAR 6 1954
MAR 18 1954

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 Joseph A. St. Louis
Licensed Embalmer No. 4481

P. O. Address Portageville 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.