

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10833**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Genevieve	
b. CITY (If outside corporate limits, write RURAL and give town) Ste. Genevieve		c. LENGTH OF STAY (in this place) 12 years		c. CITY OR TOWN Ste. Genevieve	
d. FULL NAME OF HOSPITAL OR INSTITUTION 299 Jefferson St.		e. STREET ADDRESS (If rural, give location) 299 Jefferson St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle)		c. (Last) Cook		4. DATE OF DEATH (Month) March (Day) 22 (Year) 1954		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 2, 1890		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 12 HRS. Hours 0 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lime Co.		11. BIRTHPLACE (City and State or Foreign Country) Cape County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
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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		16. SOCIAL SECURITY NO. 499-20-9250		17. INFORMANT'S SIGNATURE OR NAME James H. Brown				ADDRESS St. Marys, Missouri	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death;		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thorombosis						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid 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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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) (m.)		21e. INJURY OCCURRED WHILE AT WORK 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00Am., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) <i>Jerome H. Seaton</i> Coroner 2		23b. ADDRESS Ste. Genevieve, Mo		23c. DATE SIGNED 3-23-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-54		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo	
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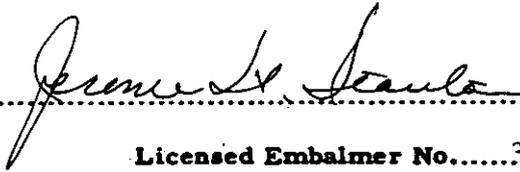
DATE REC'D BY LOCAL REG. Mar. 23, 1954		REGISTRAR'S SIGNATURE <i>Paul Baker</i> 481		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jerome H. Seaton</i>		ADDRESS Genevieve, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....387

P. O. Address Sta...Genexien

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.