

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15434**

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5422		Registrar's No. 66		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Dunklin				
b. CITY OR TOWN Independence		c. LENGTH OF STAY (in this place) 6 mos		c. CITY OR TOWN Kennett		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural # 1				e. STREET ADDRESS (If rural, give location) Rural # 1				
3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Guild c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) May 3-1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23-1904		
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Dunklin County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Van Cook			13b. MOTHER'S MAIDEN NAME Maria Pirtle Pauline Cook			14. NAME OF HUSBAND OR WIFE Pauline Cook		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Pauline Cook ADDRESS Kennett 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) Basal Fracture of Skull				INTERVAL BETWEEN ONSET AND DEATH
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ii. OTHER SIGNIFICANT CONDITIONS				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Hi 25 & Kennett St.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kennett Dunklin Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 3, 1954 12:25 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3 car collision.				
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 12:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Quinton Tarver, Coroner, Dunklin County				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 5/8/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-6-1954		24c. NAME OF CEMETERY OR CREMATORY Libert Cem		24d. LOCATION (City, town, or county) (State) Kennett Mo. Rural		
DATE REC'D BY LOCAL REG. 5-13-54		REGISTRAR'S SIGNATURE Carl Husband		25. FUNERAL DIRECTOR'S SIGNATURE Leitch Service		ADDRESS Kennett Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
35
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RECEIVED DUNKLIN COUNTY

DEPARTMENT 5-14-5

COUNTY FILE NUMBER 55

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 E. J. Fullerton

Licensed Embalmer No. 443

P. O. Address Kennett

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.