

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23617

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5696 Registrar's No. 1381

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp		c. LENGTH OF STAY (in this place) 11 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles N.W. of Chillicothe			d. STREET ADDRESS (If rural, give location) 8 miles N.W. of Chillicothe,		
3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Myrtle c. (Last) Cook			4. DATE OF DEATH July 5, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 6, 1898	9. AGE (In years last birthday) 55	# UNDER 1 YEAR Months Days # UNDER 2 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Indian Valley, Virginia		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME James Thomas Keith		13b. MOTHER'S MAIDEN NAME Malinda Ageline Duncan		14. NAME OF HUSBAND OR WIFE John Stanley 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John S. Cook; R #3; Chillicothe, Missouri	
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) Adenocarcinoma of lungs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of uterus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH. 3 years
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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1953, to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 7:00 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. Stewart D.O. 2			23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 7-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) (State) Livingston County, Missouri
DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE Francesco B. Nail		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48590
1590
0

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 Edgar Newman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.