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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18261**

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **560**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY OR TOWN <b>Halltown</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # <b>05501</b>
c. LENGTH OF STAY (In this place) <b>15 days</b>		f. STREET ADDRESS (If rural, give location) <b>Ash Grove R.F.D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie</b>	b. (Middle)	c. (Last) <b>Cook</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-27-1955</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>9-3-1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>24</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mankota Kansas</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Kennedy Shaw</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Cole</b>	14. NAME OF HUSBAND <b>Ennis Cook</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Ennis Cook</b> ADDRESS <b>Ash Grove Mo. R.R.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>HYPERTENSIVE CARDIO-VASCULAR DISEASE</b>		<b>5 YRS.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>NONE</b>	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)	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 **June 11, 1955**, to **June 27, 1955**, that I last saw the deceased alive on **June 27, 1955**, and that death occurred at **1:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>W.D. Paul, M.D.</b> (Degree or title)	23b. ADDRESS <b>609 Cherry, Springfield Mo.</b>	23c. DATE SIGNED <b>6/28/55</b>
24a. BURIAL, CREMATION, REMOVAL <b>removal</b>	24b. DATE <b>6-27-1955</b>	24c. NAME OF CEMETERY <b>Burr Oak</b>
24d. LOCATION (City, town, or county) (State) <b>Burr Oak Kansas</b>		

DATE REC'D BY LOCAL REG. <b>6-29-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Merwin Steimon</b> ADDRESS <b>Miller Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
*E. P. Seimon*

Licensed Embalmer No. 329

P. O. Address *Miller T.*

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.