

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. D. SILSBY JR.
State File No. 36525

FILED DEC 5 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1069</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in complete yrs.) <u>12 YRS.</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1007 N. ROBBERSON</u>				e. STREET ADDRESS (If rural, give location) <u>431 E. BROWER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u>			b. (Middle) <u>H.</u>		c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 25 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 18 1865</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>RETIRED FARMER &</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE AGENT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FAIR GROVE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FATE COOK</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE CLEMENTS</u>		14. NAME OF HUSBAND OR WIFE <u>ROSA COOK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LEONARD PEACE SPFLD, MO.</u>				
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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia 1 week</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u></p>						
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) _____		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 <u>NOV 25, 1955</u> to _____, 19____, that I last saw the deceased alive on <u>NOV 25, 1955</u> , and that death occurred at <u>5:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Don J. Silsby MD</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>11-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>		
DATE REC'D BY LOCAL REG. <u>11-29-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>SPRINGFIELD, MO.</u>			

(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.....
Lucien J. Surad

Licensed Embalmer No. *482*

P. O. Address *Spring*

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.