

FILED JAN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3642

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY WAYNE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO. b. COUNTY WAYNE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT		c. LENGTH OF STAY (in this place) 80 yrs	c. CITY OR TOWN PIEDMONT		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 <input checked="" type="checkbox"/>			e. STREET ADDRESS (If rural, give location) 1110		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle)	c. (Last) COOK	4. DATE OF DEATH (Month) (Day) (Year) JAN. 2 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH ARR-6-1975	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months <input checked="" type="checkbox"/> Days <input type="checkbox"/> IF UNDER 11 HRS. Hour Min.
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) WAYNE CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN COOK		13b. MOTHER'S MAIDEN NAME KATHRYN SALTZMAN	14. NAME OF HUSBAND OR WIFE PEARL HILTBIDAL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME SYBIL DURHAM ADDRESS PIEDMONT MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Intestinal		Antecedent Causes Carcinoma Intestinal			1 year
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Carcinoma multiple			5 yrs
		DUE TO (c) of face			191X
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Piedmont Wayne MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 1955 , to Jan 2, 1956 , that I last saw the deceased alive on Jan. 2, 1956 , and that death occurred at 11 AM m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. E. ...			23b. ADDRESS Piedmont MO		23c. DATE SIGNED 1-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-4-56	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM	24d. LOCATION (City, town, or county) (State) PIEDMONT MO		
DATE REC'D BY LOCAL REG. Jan 6, 1956		REGISTRAR'S SIGNATURE Hazel Ward 460		25. FUNERAL DIRECTOR'S SIGNATURE Norman W. ... ADDRESS Piedmont MO	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILE NO. _____
MAYNE CO. HEALTH CENTER
JUN 18, 1954

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 me, Student Embalmer No. _____, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Piedmont

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.