

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8040**

BIRTH NO. 12802-56 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 105

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>3 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
		d. STREET ADDRESS (If rural, give location) <u>1416 STONE ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Cook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>3-14-1956</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years of last birthday) of UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, Columbia</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>	
13a. FATHER'S NAME <u>Robert Eugene Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Idora Angle</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Eugene Cook</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Eugene Cook</u> ADDRESS <u>Columbia, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>32 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>7625</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PREMATURITY (30th WK Gestation)</u>			
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>MARCH 14, 1956</u> , to <u>MARCH 16, 1956</u> , that I last saw the deceased alive on <u>MARCH 15, 1956</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Leech M.D.</u>		23b. ADDRESS <u>Columbia, MO</u>	
23c. DATE SIGNED <u>3/15/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 16, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service</u>		ADDRESS <u>Columbia, Mo</u>	

31-0

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 Wpt

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbius

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.