

FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15455

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	c. LENGTH OF STAY (in this place) 1 da	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) LUCINDA	b. (Middle) ELLAN	c. (Last) COOK	4. DATE OF DEATH (Month) (Day) (Year) May 23, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec 22, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 1	IF UNDER 2 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Milan, Missouri. 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE E.E. Cook
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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 Mrs. Herman Roberts Tarkio, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral lobar pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial catarrh DUE TO (c) Hypertensive-arteriosclerotic cardiovascular disease		
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 241X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/23/50, 1950, to 5/23/56, 1956, that I last saw the deceased alive on 5/23/56, 1956, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Wiedemeyer M.D.	23b. ADDRESS Tarkio, Mo.	23c. DATE SIGNED 5/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/26/56	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.
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DATE REC'D BY LOCAL REG. June 5, 1956	REGISTRAR'S SIGNATURE Thermin H. Schuler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.
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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
Student Embalmer

Signed Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tapkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.