

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21420**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **243**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pettis	
b. CITY OR TOWN Sedalia	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Sedalia	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 208 E. 25th		e. STREET ADDRESS (If rural, give location) 208 E. 25th 08090	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) M.	c. (Last) Cookman	4. DATE OF DEATH (Month) (Day) (Year) June 16 1956
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5. SEX Male	6. COLOR OR RACE White	7. NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 16 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work (the during most of working life, even if retired) Retired laborer	10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Cookman	13b. MOTHER'S MAIDEN NAME Amanda (Not known)	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If you give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Abbott (sister)	ADDRESS Sedalia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) MYOCARDITIS	DUE TO (c) _____	
	11. OTHER SIGNIFICANT CONDITIONS SENILITY		
	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 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) 4201
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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? _____
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22. I hereby certify that I attended the deceased from **Jan 1956** to **16 June 1956**, that I last saw the deceased alive on **APRIL 30th**, 1956, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE Karl A. Goussier M.D. (Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 16 June 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-18-56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. June 18 1956	REGISTRAR'S SIGNATURE Deanna Coons, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros	ADDRESS Sedalia
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *R. P. McLean*

Licensed Embalmer No. *3157*

P. O. Address..... *Sedalia*

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.