

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1956

State File No. **27449**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Nebo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>Nebo, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester Loren</u> b. (Middle) <u>Cook</u> c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 2, 1915</u>	9. AGE (In years) (Months) (Days) <u>40 11 10</u>	IF UNDER 18 Hrs. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector at Fort Wood</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Winnepeg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Wilbur F. Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Lamkins</u>	14. NAME OF HUSBAND OR WIFE <u>Lorraine Cook</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes world war II</u>	16. SOCIAL SECURITY NO. <u>491-14-3530</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorraine Cook Nebo, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u> *Antecedent causes <u>Possibly</u> (b) <u>Conditions at work</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) <u>4201</u>
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 8-9-1956 to 8-12-1956, that I last saw the deceased alive on 8-12-1956, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B B Hurst, M.D.</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>8-13-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/14/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nebo Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Nebo, Mo.</u>

DATE REC'D BY LOCAL REG. <u>8-14-1956</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Holman Funeral Home Lebanon, Mo</u>
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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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AUG 22 1956

Received 8-20-56
Laclede County Health Unit
File No. 135
Date Filed 8-20-56

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 Dorsey M. Howe
Licensed Embalmer No. 422
P. O. Address Lebanon

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.