S. No. 300
v. 10.48

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30534

BIRTH NO. 1 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) West Plains O
c. LENGTH OF STAY (in this place) 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christa Hogan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN West Plains
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0461
e. STREET ADDRESS (If rural, give location) 1025 Worcester

3. NAME OF DECEASED (Type or Print) a. (First) Judson b. (Middle) Reiley c. (Last) Cook
4. DATE OF DEATH (Month) (Day) (Year) 9-10-1956
5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 1
8. DATE OF BIRTH 8-21-1873
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓ ✓
11. BIRTHPLACE (City and State or Foreign Country) Alexandria Ky. 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME W. L. Cook
13b. MOTHER'S MAIDEN NAME Edna Reiley
14. NAME OF HUSBAND OR WIFE ✓ ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Paul Cook, West Plains Mo ADDRESS

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary edema	4 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chr. myocarditis	5 yrs
DUE TO (c)	Hypertensions	15 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary tuberculosis	1 year
	Lung tumor Right	1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443XA
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31-, 1948, *to* 9-10-, 1956, *that I last saw the deceased alive on* 9-10-, 1956, *and that death occurred at* 12:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. Callahan M.D.
23b. ADDRESS West Plains, Mo
23c. DATE SIGNED 9-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 9-12-56
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn
24d. LOCATION (City, town, or county) West Plains, Mo (State)

DATE REC'D BY LOCAL REG. 9-26-56
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Robertsons West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

379

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. D. D. Robertson

Licensed Embalmer No. 3430

P. O. Address West Plaz

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.