

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3534**

FILED JAN 16 1957

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6244** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) Union township	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Cadet, RRI, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt. #1; Cadet		e. STREET ADDRESS (If rural, give location) 1100	

3. NAME OF DECEASED (Type or Print)	a. (First) Alice Lenora	b. (Middle)	c. (Last) Cook	4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-16-1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Richwood, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alexander La Pee	13b. MOTHER'S MAIDEN NAME Mary Louise Doyen	14. NAME OF HUSBAND OR WIFE James W. 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 Easter DeGonia	ADDRESS Cadet, Mo R1
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralytic Epilepsy DUE TO (c) -		
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	4214	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)	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 15**, 19**53**, to **1-7**, 19**57**, that I last saw the deceased alive on **1-5**, 19**57**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph L. Thurman	23b. ADDRESS 2nd. 10 121 E. High Potosi, Mo.	23c. DATE SIGNED 1-8-1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-1957	24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery	24d. LOCATION (City, town, or county) (State) Old Mines, Missouri
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DATE REC'D BY LOCAL REG. 1/8/57	REGISTRAR'S SIGNATURE Arthur E. ...	25. FUNERAL DIRECTOR'S SIGNATURE Arthur E. ...	ADDRESS Potosi
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 15 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Donnell B. Dietrich*

Licensed Embalmer No. *410*

P. O. Address *Wells*

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.