S. No. 300
V. 10.48

FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9373

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5747 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marquand
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Madison
c. CITY OR TOWN: Rural Marquand
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 0620 0

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Eugene c. (Last) Chook
4. DATE OF DEATH (Month) (Day) (Year): 3-25-1957
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-30-1939
9. AGE (In years last birthday): 17 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Marquand
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Gale Chook
13b. MOTHER'S MAIDEN NAME: Ona Young
14. NAME OF HUSBAND OR WIFE: Gale Chook (Father)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Gale Chook ADDRESS: Marquand Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in Castor River
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 9298

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 42
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Castor River
21c. (CITY, TOWN, OR TOWNSHIP) Rural Marquand (COUNTY) Madison (STATE) Mo.
062
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 25 1957 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Trying to swim River.

22. *I hereby certify that I attended the deceased from* ——, 1957, *to* ——, 1957, *that I last saw the deceased alive on* ——, 1957, *and that death occurred at* 10:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray Wilson Coroner 3
23b. ADDRESS: Fredericktown Mo.
23c. DATE SIGNED: 3-30-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-57
24c. NAME OF CEMETERY OR CREMATORY: Moores Chapel
24d. LOCATION (City, town, or county): Madison Co (State): Mo

DATE REC'D BY LOCAL REG.: 4-1-1957
REGISTRAR'S SIGNATURE: Florence Decker
25. FUNERAL DIRECTOR'S SIGNATURE: Edwin Marquand ADDRESS: Marquand Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1

187.0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
APR 8 - 1957
FILE No. 457-27

APR 15 1957

APR 18 1957

DEC 3 1957

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktow

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