

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018017
State File No.

BIRTH NO. _____ REG. DIST. NO. 271 PRIMARY REG. DIST. NO. 4357 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) Point Pleasant		c. LENGTH OF STAY (in this place) 1 Hr.	c. CITY OR TOWN Point Pleasant
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) Wallace c. (Last) Cook		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3-23-1949
9. AGE (In years last birthday) 8		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) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Gideon, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Millard Cook	
13b. MOTHER'S MAIDEN NAME Marceline Stewart		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Millard Cook ADDRESS Point Pleasant, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned while Swimming	
		INTERVAL BETWEEN ONSET AND DEATH 0	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 9298	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miss. River	21c. (CITY, TOWN, OR TOWNSHIP) Point Pleasant (COUNTY) New Madrid (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-15-57 5P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowned while swimming
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5P. m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Coroner New Madrid, Mo.	23c. DATE SIGNED 5-16-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-57	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.
24d. LOCATION (City, town, or county) Portageville, Mo.		24e. (State) _____	
DATE REC'D BY LOCAL REG. 5-22-57		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Osburn Funeral Home, Wardell, Mo.

DATE RECEIVED MAY 28 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 James G. Johnson.....
Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.....

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.