Dunmore
FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27897
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 202 W. 7th St. — Length of stay in lb Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett Mo. 35-2 — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 202 West 7th St. — Reside on Farm Yes ☐ XX

3. NAME OF DECEASED (Type or print) First Cora Middle Ellen Last Cook
4. DATE OF DEATH Month Aug. Day 15- Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐
8. DATE OF BIRTH Jan. 4th- 1883
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 7 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY XX
11. BIRTHPLACE (City and state or country) Butler County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Tom James
14. MOTHER'S MAIDEN NAME Sarah Pulliam
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Dave Bass 200 W. 7th Kennett

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 181X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 8 1957 to Aug 15, 1957 and last saw her/him alive on Aug 15, 1957
Death occurred at 7.30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED 8/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-17-57
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
23d. LOCATION (City, town, or county) Kennett (State) Mo.

24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo.
25. DATE RECD. BY LOCAL REG. 8-30-1957
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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RECEIVED DUNKLIN COUNTY H

DEPARTMENT 9-3-5

COUNTY FILE NUMBER 95

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar Rice Bu

Licensed Embalmer No. 443

P. O. Address Kennett M

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