

THE DIVISION OF HEALTH OF MISSOURI ¹²⁻⁵⁸
STANDARD CERTIFICATE OF DEATHState File No. 7BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hospital</u>			
3. NAME OF DECEASED a. (First) <u>RANDALL</u>		b. (Middle) <u>LEE</u>	
c. (Last) <u>COOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1-17-58</u>
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>1</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kirkville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Vernon Cook</u>	
13b. MOTHER'S MAIDEN NAME <u>Marian West</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Vernon D. Cook, Downing, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral atelectasis, respiratory failure</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Aspiration of amniotic fluid.</u>			
DUE TO (c) <u>Breech Delivery.</u>			
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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7610	
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)		7610	
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			
22. I hereby certify that I attended the deceased from <u>1-17</u> , 19 <u>58</u> , to <u>1-18</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>58</u> and that death occurred at <u>8:00pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Howard Gross, M.D.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>	
23c. DATE SIGNED <u>1-18-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-18-58</u>		REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home</u>		ADDRESS <u>Downing, Mo.</u>	

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Donald Foster*
Licensed Embalmer No. *49742*

P. O. Address *Fukerville, 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 this body is not embalmed, fact should be so stated above.