

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001134

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 7
FILED JAN 23 1959

300
-57

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harrisburg <i>C16C</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in lb 48 hrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle GRANDSON Last COOK			4. DATE OF DEATH Month Jan. Day 13, Year 1959		
5. SEX Male <i>C</i>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1871	9. AGE (In years last birthday) 87	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self.	11. BIRTHPLACE (City and state or country) Boone County, Mo. C		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Cook		13b. MOTHER'S MAIDEN NAME Margaret Goins		14. NAME OF HUSBAND OR WIFE Sarah Belle Prather	

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 Mrs Clay Wilhite R.R. Harrisburg, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Pneumonia</i></u>		INTERVAL BETWEEN ONSET AND DEATH <u><i>4 days</i></u>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *Jan 10* to *Jan 13* and last saw ^{her}him alive on *1-13-59*
Death occurred at *7 PM* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. Sheehy, M.D.</i> (Degree or title)	22b. ADDRESS <i>Fayette, Mo</i>	22c. DATE SIGNED <i>1/14/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/15/1959	23c. NAME OF CEMETERY OR CREMATORY Perche Cemetery	23d. LOCATION (City, town, or county) Boone County, Missouri
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24. FUNERAL DIRECTOR <i>Ronald A. Cass</i>	ADDRESS Fayette, Mo.	25. DATE RECD. BY LOCAL REG. <i>1-14-59</i>	26. REGISTRAR'S SIGNATURE <i>Mary E. Shell</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in their reports. Symptoms must be causally related. All diseases in Part 1 must be causally related.

MEDICAL CERTIFICATION

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 Donald L Roberts

Licensed Embalmer No. 4922

P. O. Address Fayette 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.