

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011942

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SLATER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SLATER</u> ^{c 97%} Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>EMMERSON ST. LIFE</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>EMMERSON ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LILBERT SHEELS COOK</u>			4. DATE OF DEATH Month Day Year <u>MARCH 18 1959</u>			
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5. SEX <u>MALE</u> ²	6. COLOR OR RACE <u>NEGROE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> ² DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 4 1892</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTH PLACE (City and state or country) <u>SLATER, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Jim COOK</u>	13b. MOTHER'S MAIDEN NAME <u>MARY (DK)</u>	14. NAME OF HUSBAND OR WIFE <u>HAZEL CRAIG COOK</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>709-10-9044</u>	17. INFORMANT <u>BILL COOK, SLATER MO.</u> 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>Terminal Pneumonia</u> <u>C A Prostate Gland.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>18 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>177X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>3-11-58</u> to <u>Mar 17-59</u> and last saw ^{him} <u>Mar 17 59</u> alive on <u>Mar 17 59</u> Death occurred at <u>6:00 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>W. E. Lockwood M.D.</u> (Degree or title)	22b. ADDRESS <u>Slater Mo</u>	DATE SIGNED <u>3/18/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 21 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	23d. LOCATION (City, town, or country) (State) <u>SLATER MO.</u>
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24. FUNERAL DIRECTOR <u>HAINES FUNERAL HOME, SLATER, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 21, '59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. E. O. Meib</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

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1-57

3/24/57

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.