

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018498

State File No.

FILED JUN 15 1959

BIRTH NO. _____		REG. DIST. NO. <u>238</u>	PRIMARY REG. DIST. NO. <u>5823</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Idaho</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>		c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY OR TOWN <u>Coeur D'Alene</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		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) <u>Georgia</u> b. (Middle) _____ c. (Last) <u>Cook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 59</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 10 1888</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realestate</u>		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Jeff Higdon</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Clayton</u>	14. NAME OF HUSBAND OR WIFE <u>Oringe Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. _____ No. _____		16. SOCIAL SECURITY NO. <u>519-03-2796</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. C. Clark, Matthews, Mo. R.1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Larynx</u> ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>161X</u>
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>Apr 28, 1959</u> , to <u>June 3, 1959</u> , that I last saw the deceased alive on <u>May 24, 1959</u> , and that death occurred at <u>5:10 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>John Sargent, M.D.</u>		23b. ADDRESS <u>707 Tanner St. Sikeston, Mo</u>		23c. DATE SIGNED <u>6-4-59</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>6/4/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forrest</u>	24d. LOCATION (City, town, or county) (State) <u>Coeur D' Alene Idaho</u>
DATE REC'D BY LOCAL REG. <u>6/4/59</u>		REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u>		25. EMBALMER'S SIGNATURE <u>Fay Hedgcock</u> ADDRESS <u>New Madrid</u>

(Licensed Embalmer's Statement on Reverse Side)

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

J. J.

MS SEP 29 1960

MS AUG 18 1960

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 *L. B. Hudgins*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid*

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.