

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 14 1961

-61-001187

STATE FILE NUMBER

AMENDED

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bakersfield</u>		Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>Bakersfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital) give location HOSPITAL OR INSTITUTION <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside give location) <u>Rural</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary Sue</u> Middle <u>Cook</u> Last <u>Cook</u>			4. DATE OF DEATH Month <u>3</u> Day <u>6</u> Year <u>1961</u>			
5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-9-57</u>	9. AGE (last birthday) <u>3</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state and country) <u>Wm. Homeport, USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>J. C. Cook, Jr., Marion, Mo</u>	13b. MOTHER'S MAIDEN NAME <u>Marion Vaughan</u>	14. NAME OF HUSBAND OR WIFE <u>Howell</u>
--	--	--

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>26. Cook, Bakerfield, Mo</u>	17. INFORMANT <u>Howell</u>
---	--	--------------------------------

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>Burned to death</u>		INTERVAL BETWEEN ONSET AND DEATH
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Home Burned</u>
--	--	--

20c. TIME OF INJURY <u>10:30</u> <u>2/3-61</u>	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 building, etc.) <u>Bakersfield, RFD</u>	20f. CITY, TOWN, OR LOCATION <u>Bakersfield</u>	COUNTY <u>Howell</u>	STATE <u>Mo</u>
---	--	--	--	-------------------------	--------------------

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>about 10:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) <u>Frank Cook, Coroner</u>	22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>2-9-61</u>
--	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>DB</u>	23b. DATE <u>2/7-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deo Union</u>	23d. LOCATION (City, town, or county) <u>Deo, Mo</u>	(State) <u>Mo</u>
--	----------------------------	--	---	----------------------

24. FUNERAL DIRECTOR <u>Robert M. Mattingly</u>	ADDRESS <u>West Plains, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
--	-----------------------------------	--	---

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

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 *A. L. Kavalis*

Licensed Embalmer No. 3427

P. O. Address *Westham*

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.