N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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DEC 7 JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2960
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 508
(b) Township Richhill — Primary Registration District No. 5685 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Ora Burns Cooper
(a) Residence, No. 7 miles E. Chillicothe, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elma Leigh Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29, 1897

7. AGE: YEARS 41 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Fireman for
9. Industry or business in which work was done, as saw mill, bank, etc.: State Industrial Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston County Missouri

FATHER
13. NAME: J. Y. Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER
15. MAIDEN NAME: Armilda Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe Ohio

17. INFORMANT (ADDRESS): Cal Cooper R. F. D. Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE May Cem. DATE 1-4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Frank B. Norman Chillicothe, Missouri

20. FILED 1-4 1939 Donald M. Dowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Did not see him alive. Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

Suicide - From shot gun wound in rt side of neck ranging into head

Date of onset

Other contributory causes of importance:

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Name of operation — Date of
What test confirmed diagnosis? Observation — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide — Date of injury Jan 1, 1939
Where did injury occur? Chillicothe, Mo. R F D
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury gun shot wound of neck &
Nature of injury head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. M. Grace, M. D.
(Address) Chillicothe, Mo. - Coroner

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Licensed Embalmer's Statement on Reverse Side)

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, Elton F. Norm

E. R. Norman (2374), or by

Registered Apprentice No....., working under my personal supervision.

Signed Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.