

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14590

State File No. _____

MAY 13 1940 / 65
Registration District No. _____

Primary Registration District No. 5291

Registrar's No. 27

1. PLACE OF DEATH:

(a) County CEDAR
(b) City or town STOCKTON LINN. Co.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF LIFE
years, months or days 100

8. (a) PRINT FULL NAME ROBERT HATTON COOPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AMANDA COOPER 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 4
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James + Aldene Cooper

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Vassor

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. J. Hacker

(b) Address Stockton, Mo.

17. (a) Stockton (b) Date thereof 4/27/1940
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton City

18. (a) Signature of funeral director H. C. Davis & Co

(b) Address Stockton, Missouri

19. (a) May 3 / 1940 (b) Mrs. Minnie Coar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 20, 1940 to April 26, 1940
that I last saw him alive on April 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to _____

Due to 1070

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0.35

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Stockton, Mo. Date signed 4-27-40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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

Signed *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton 7*

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