

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

FILED FEB 11 1942 1077

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3831

Registration District No. \_\_\_\_\_

Primary Registration District No. 6088

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town \_\_\_\_\_

(c) Name of hospital or institution: Near Summersville Rural  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Rural near Summersville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kancy A Cooper

(b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 10, year 1941 hour 10 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from on Dec 2, 1941 that I last saw her alive on 12-2, 1941 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband Ch. Cooper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Apr 19 1863  
(Month) (Day) (Year)

Immediate cause of death: Heart attack ✓

Due to arteriosclerosis

Due to Hypertension

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 8 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Franklin Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name: Shervens

13. Birthplace: Dont Ruge (City, town, or county) (State or foreign country)

14. Maiden name: Mattie Dandy

15. Birthplace: Dont Ruge (City, town, or county) (State or foreign country)

16. (a) Informant: Mauroe Plowman

(b) Address: Summersville Mo

17. (a) Rural (b) Date thereof: 12-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elst Rock cemetery

18. (a) Signature of funeral director: none

(b) Address \_\_\_\_\_

19. (a) 12-13-41 (b) Frank Hyde MO  
(Date of local registration) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature: Dr. J. M. Peeds (M. D. or other) \_\_\_\_\_

Address: Summersville Date signed: 12-9-41

RECEIVED

District Health Officer No. 5.

District File Number 14221

Date Filed \_\_\_\_\_

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3831**  
Registrar's No. ....

Registration District No. **1077**

Primary Registration District No. **6088**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **S. Shannon**  
 (a) County **S. Shannon**  
 (b) City or town **Rural**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME **Nancy A. Cooper**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Apr. 1915**  
 (Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_  
 (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 that I first saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Heart Attack**  
 Due to **this was a bed ridden case for 4 hrs. from arteriosclerosis. died without recent med. attention. Probably Myocarditis.**  
 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)  
 (b) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

9321

The first part of the document discusses the importance of maintaining accurate records and the role of the auditor in this process. It emphasizes that the auditor's primary responsibility is to provide an independent and objective assessment of the financial statements. This assessment is based on the evidence gathered during the audit process, which includes examining the underlying transactions and supporting documentation.

The second part of the document outlines the specific procedures and techniques used by the auditor to gather evidence. This includes the use of sampling methods to test a representative portion of the population, as well as the use of analytical procedures to identify unusual or unexpected relationships. The auditor also performs detailed tests of controls to assess the effectiveness of the internal control system.

The third part of the document discusses the auditor's reporting requirements and the format of the audit report. The audit report is a key document that provides the auditor's opinion on the financial statements and the results of the audit procedures. It is prepared in accordance with the applicable auditing standards and provides a clear and concise summary of the audit findings.

The fourth part of the document discusses the auditor's ethical responsibilities and the importance of maintaining objectivity and integrity throughout the audit process. The auditor must adhere to the highest standards of professional conduct and must avoid any conflicts of interest that could compromise the independence of the audit.

The fifth part of the document discusses the auditor's communication with the client and the importance of providing clear and timely information throughout the audit process. The auditor should maintain open communication with the client and should provide regular updates on the progress of the audit and any issues that may arise.

The sixth part of the document discusses the auditor's role in providing advisory services to the client and the importance of maintaining a clear distinction between the audit and advisory services. The auditor should provide objective and unbiased advice to the client and should avoid any conflicts of interest that could compromise the independence of the audit.

The seventh part of the document discusses the auditor's role in providing training and guidance to the client's staff and the importance of maintaining a professional and courteous relationship throughout the audit process. The auditor should provide clear and concise guidance to the client's staff and should avoid any conflicts of interest that could compromise the independence of the audit.

The eighth part of the document discusses the auditor's role in providing ongoing support and assistance to the client and the importance of maintaining a long-term relationship with the client. The auditor should provide ongoing support and assistance to the client and should avoid any conflicts of interest that could compromise the independence of the audit.

The ninth part of the document discusses the auditor's role in providing ongoing support and assistance to the client and the importance of maintaining a long-term relationship with the client. The auditor should provide ongoing support and assistance to the client and should avoid any conflicts of interest that could compromise the independence of the audit.

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