

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 102

FILED MAY 24 1943 4
Registration District No. 2

Primary Registration District No. 3056

38
6
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 319 E. Rollins
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph E. Cooley

3. (b) If veteran, name war _____ 3. (c) Social Security No. 703-01-1198

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen Cooley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 3rd 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Conductor

11. Industry or business Wabash R.R.

12. Name Joseph E. Cooley

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

14. Maiden name Julia Rice

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

16. (a) Informant Mrs Ellen Cooley

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Apr 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Moham and Son

(b) Address Moberly Mo

19. (a) 4-30-43 (b) Irma Havel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1943 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from April 10th
1943 to April 28th 1943;
that I last saw her alive on April 28th 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart failure

Due to tuberculosis of lungs

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

Duration _____
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) no
(b) Date of occurrence no
(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 0

23. Signature Erisk Haendler (M. D. or other) _____
Address Wabash Hospital, Moberly Mo Date signed April 20 1943

MAY 24 1948

MAY 21 1948

RECEIVED

District Health Officer No. 10

District File Number 5-475883

MAY 21 1948

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 Frank D. Witt

Licensed Embalmer No. 3921

P. O. Address Mobile, Ala

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.