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DM-2-43  
5-17-41  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

NOV 6 1943

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 136

40  
2

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Brenton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cullers Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putman <sup>86</sup>

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

(d) Street No. R 2 D  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEONA EDITH COOLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife C. S. Cooley

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug 26 1890  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 7  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name John Lowery

{ 13. Birthplace Putman Co Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Jana Moore

{ 15. Birthplace Sullivan Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant C. S. Cooley

(b) Address Lucerne Mo

17. (a) Burial (b) Date thereof 10-4-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtown Mo

18. (a) Signature of funeral director Judd & Payne

(b) Address Newtown Mo

19. (a) 10-8-43 (b) L. S. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Oct 2 1943  
that I last saw her alive on Oct 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis <sup>2 days</sup>  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 9/4

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? \_\_\_\_\_

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

23. Signature E. J. ... (M. D. or other) \_\_\_\_\_  
Address Putman Mo Date signed 10/3/43

1330 (Licensed Embalmer's Statement on Reverse Side)

APR 27 1956

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**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 PK Payne Jr  
Licensed Embalmer No. 3400  
P. O. Address Galt

**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.**