V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39036

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11621

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County

(c) City or town EMINENCE
(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

3. (a) PRINT FULL NAME Ed Widener Cooley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Thelma

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. 12, 1905 (Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Oak Side (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name B. R. Cooley

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

MOTHER 14. Maiden name Belle Potter

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

16. (a) Informant Ralph Cooley

(b) Address Eminence Mo.

17. (a) Remove (Burial, cremation, or removal) (b) Date thereof 12-31-45 (Month) (Day) (Year)

(c) Place: burial or cremation Summersville Mo.

18. (a) Signature of funeral director John Duncan

(b) Address Mt. Usher Mo.

19. (a) DEC 31 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-5, 1945 to 12-29, 1945 that I last saw him alive on 12-29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Retroperitoneal sarcoma	3 mos.
Due to Retroperitoneal Gland	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Retroperitoneal sarcoma

Of autopsy not done

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gordon F. Moore (M. D. or other)

Address Barnes Hospital, Date signed 12-29-45

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1946

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.