

**FILED** JAN 25 1946

Primary Registration District No. 5093

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Stahl  
(c) Name of hospital or institution: R. R. No. 2  
(d) Length of stay: In hospital or institution None  
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Stahl  
(d) Street No. R. R. No. 2  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Eula Lucille Cooley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Howard Vernon Cooley 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Feb. 8 1914

8. AGE: Years 31 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adair Co Missouri

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Henry E. Pinkerton  
13. Birthplace Adair Co. Missouri  
14. Maiden name Alta Dudley  
15. Birthplace Adair Co. Missouri

16. (a) Informant Mrs. Alta Pinkerton  
(b) Address Novinger, Missouri

17. (a) Burial (b) Date thereof 11/16/45  
(c) Place: burial or cremation Hall Cemetery

18. (a) Signature of funeral director B. B. Riley  
(b) Address Kirkville, Missouri

19. (a) 12-10-45 (b) Kate Lambert

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1945 hour 1:00 minute A: M.

21. I hereby certify that I attended the deceased from Oct 1 1945 to Nov 14 1945 that I last saw him alive on Nov 14 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis  
High Blood pressure

Due to Pregnancy

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

Major findings: ✓  
Of operations 120  
Of autopsy 120

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

While at work? ✓ (Specify type of plague) \_\_\_\_\_ (e) Means of injury GI  
23. Signature M. P. Garrison (M. D. or other) M.D.  
Address Novinger Mo Date signed 11-16-45

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

100027

RECEIVED

District Health Officer No. 10

District File Number 1-46-48

Date Filed JAN 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..... *DEERLEY* .....

Licensed Embalmer No. *4181* .....

P. O. Address. *Kirtsville mo* .....

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.