

S. No. 2
M-5-43
5-17-39
X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18338

FILED MAY 25 1948

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
107 North Lafayette
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 45 Years

3. (c) PRINT FULL NAME David L. Cooper

3. (b) If veteran, name war # 3. (c) Social Security No. #

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 20 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>1</u>	hr. min.

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

10. Usual occupation Retired Clothing Store Owner

11. Industry or business Sold Mens Clothing

12. Name David Cooper

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

14. Maiden name Catherine Catlinger

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

16. (a) Informant Mrs. Byron Bridges

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 5/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Croner

(b) Address Marshall Mo.

19. (a) May 21-1948 (b) Whitney Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 1

(d) Street No. 107 North Lafayette
(If rural, give location) 20

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1948 hour 5 minute 10 p. M.

21. I hereby certify that I attended the deceased from 9 investigated May 20, 1948 that I last saw him alive on May 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Duration _____
Jump from 2nd story window of Viking Hotel to side walk - Marshall Mo.

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

Major findings: Of operations _____ Of autopsy No. 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) Suicide 97

(b) Date of occurrence May 20, 1948

(c) Where did injury occur Marshall Saline Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Jumping from Viking Hotel to side walk
(Specify type of place) (Means of injury)

23. Signature of J. Leslie Croner (M. D. or other)

Address Marshall Mo. Date signed 5-20-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-24-48

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 J. L. L. Swanney
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.