

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

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36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36155**
Registrar's No. **1067**

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1718 Bodine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All his life.** years, months or days

3. (a) PRINT FULL NAME **Nimrod Cooley**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sarah Cooley** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **March 7 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **29** If less than one day hr. min.

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

10. Usual occupation **Retired Broom Maker.**
Broom Maker

11. Industry or business

12. Name **Unk nown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Cooley**
(b) Address **1718 Bodine St.**

17. (a) **Burial** (b) Date thereof **Dec 8 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Marvville, Mo.**

18. (a) Signature of funeral director **Fred C. Thieme**
(b) Address **1200 Roonville St.**

19. (a) **12-8-48** (b) **W2 Gooding m2**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** 39
(c) City or town **Springfield Mo.** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **1718 Bodine St.** 9
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th**
year **1948** hour **3** minute **30PM** M.

21. I hereby certify that I attended the deceased from **Nov. 18**, 19**48**, to **Dec 6 (7)**, 19**48**
that I last saw him alive on **11-18-48**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial insufficiency**
Due to **Chr. degenerative cardio-vascular disease**
Due to **diarrhoea + enteritis w/ ch**

Other conditions **diarrhoea + enteritis w/ ch**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **929**
Of autopsy _____
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 **0** ✓

23. Signature **Arthur P. Kusk** (M. D. or other) **208**
Address **1620 N. 7th** Date signed **12-7-48**

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.