

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 8 1949

State File No. 2535

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Butler County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>rural</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lulie Cooley</b>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Mch, 20 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug. 17, 1868</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS, OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dent Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>Frank Headrick</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Burkett</b>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E. E. Cooley</b>		ADDRESS <b>eminence, Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes mellitus</b>					
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2607</b>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **3-19**, 19 **49** to **3-20**, 19 **49**, that I last saw the deceased alive on **3-20**, 19 **49** and that death occurred at **7:44** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank E. Smith M.D.</b>		23b. ADDRESS <b>Poplar Bluff, MO</b>		23c. DATE SIGNED <b>3/27/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>remove</b>	24b. DATE <b>3/22 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Summers Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Eminence, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>4/1/49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Duncan Funeral Home Mtn View Mo</b>			
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(Licensed Embalmer's Statement on Reverse Side)

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

12  
399

APR 5 REC'D

BUTLER COUNTY HEALTH CENTER  
ACCOUNT

449-46

APR 28 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed John M. Davies  
Licensed Embalmer No. 4620

Signed.....  
Student Embalmer

P. O. Address Poplar Bluff, 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.