

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11470**

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5111** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence (before admission)) a. STATE Missouri b. COUNTY Bollinger	
b. CITY OR TOWN RURAL LIBERTY TWP c. LENGTH OF STAY (In this place) LIFETIME		c. CITY OR TOWN Rural Zalma	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HARRISON c. (Last) COOPER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1949		
5. SEX M.O	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DECEASED	8. DATE OF BIRTH 3-7-1964	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR: Months 1 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) GRASSY Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES MONROE COOPER	13b. MOTHER'S MAIDEN NAME AMANDA WILLIAMS	14. NAME OF HUSBAND OR WIFE Gelbert James Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Hadley Cooper ADDRESS ZALMA Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral coronary artery		INTERVAL BETWEEN ONSET AND DEATH Short
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5:30**, **1949** to **Apr 20, 1949**, that I last saw the deceased alive on **3-31**, **1949** and that death occurred at **9:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE S. S. Davis, M.D. (Degree or title)	23b. ADDRESS Dexter 4201	23c. DATE SIGNED 4-22-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-22-49	24c. NAME OF CEMETERY OR CREMATORY BALCH CEM.
24d. LOCATION (City, town, or county) (State) BOLLINGER Co. Mo.		

DATE REC'D BY LOCAL REG. May 7, 1949	REGISTRAR'S SIGNATURE Willie Vandenburg	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME ADDRESS LUTESVILLE Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

9
0
0

RECEIVED

Health Officer No. 4

File Number 549-62

Date Filed 5-10-49

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 J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.