

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24091

64 3 C

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY Marion County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) X	
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Bernice c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) 7-17-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-16-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same	9. AGE (In years last birthday) 65
		11. BIRTHPLACE (State or foreign country) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Alonza Cooper		13b. MOTHER'S MAIDEN NAME Sarah Perry	14. NAME OF HUSBAND OR WIFE Leona Copper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leona Cooper, Shelbina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) Reflex auricula - postoperatively DUE TO (c) Gastro-enterostomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrectomy years previously	
19a. DATE OF OPERATION 7-15-49	19b. MAJOR FINDINGS OF OPERATION Sudden ulcer & healing from previous ulcer		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 7-1 19 49 to 7-17 , 19 49 , that I last saw the deceased alive on 7-17 , 19 49 , and that death occurred at 10:15 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Tib. Haeckler, M.D.		23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED 7/23/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-20-1949	24c. NAME OF CEMETERY OR CREMATORY Shelbina	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
DATE REC'D BY LOCAL REG. 8-3-49	REGISTRAR'S SIGNATURE D. E. M. Lucke By W. C. Tucker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Million & Barkelew Funeral Service Shelbina, M. O.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed.....

W. H. Harris

Licensed Embalmer No. *3498*

P. O. Address. *Albina, Me.*

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.