

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4295

30955

State File No.

57
8

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

BIRTH NO. _____		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>5677</u>		Registrar's No. <u>29</u>		
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>				
b. CITY OR TOWN <u>Whiteside</u>		c. LENGTH OF STAY (in this place) <u>2 yr.</u>		c. CITY OR TOWN <u>Whiteside Missouri</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Riley</u> c. (Last) <u>Cooper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15 1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 5 1863</u>		
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR <u>7</u> MONTHS <u>10</u> DAYS		11. BIRTHPLACE (State or foreign country) <u>Missouri D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>David Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Duff</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie Cooper</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sallie Cooper</u> ADDRESS <u>Whiteside Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <u>8/16</u> , 19 <u>49</u> , to <u>9/15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/7</u> , 19 <u>49</u> , and that death occurred at <u>1:45</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. L. Hoeger M.D.</u>				23b. ADDRESS <u>Whiteside Mo.</u>		23c. DATE SIGNED <u>9/15-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 18 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thornhill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 20 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. A. Durrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>		ADDRESS		

District File Number
District Health Officer No. 9
RECEIVED OCT 5 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.

Student _____
Student Embalmer

Signed Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.