

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33693**

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5521** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermitage		c. LENGTH OF STAY (in this place) All his life	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.W. part of town		d. STREET ADDRESS (If rural, give location) S.W. part of town	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Alfred	c. (Last) Cooper	4. DATE OF DEATH (Month) (Day) (Year)	Oct - 7 - 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JAN. 20 - 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8 Days 17	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) Elkton, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME James S Cooper	13b. MOTHER'S MAIDEN NAME Leatha Ann Tracht	14. NAME OF HUSBAND OR WIFE Mary Ethel Cooper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 493-16-2920	17. INFORMANT'S SIGNATURE OR NAME Mary Ethel Cooper	ADDRESS Hermitage
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 D
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid 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.			

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) (Min.)	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 **July**, 1947, to **Oct. 7**, 1949, that I last saw the deceased alive on **Oct. 7**, 1949, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. Benjamin, D.O.	23b. ADDRESS Wheatland, Mo	23c. DATE SIGNED 10-12-49
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24a. BURIAL: CREMATION REMOVAL (Specify) Burial	24b. DATE 10-11-49	24c. NAME OF CEMETERY OR CREMATORY Hermitage Cemetery	24d. LOCATION (City, town, or county) (State) Hermitage, Mo
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DATE REC'D BY LOCAL REG. Oct 12 - 1949	REGISTRAR'S SIGNATURE W.P. Hargiss	25. FUNERAL DIRECTOR'S SIGNATURE Wheatland, Mo	ADDRESS Wheatland, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED

District Health Officer No. 71

District File Number 9-49-1283

Date Filed 11-18-49

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.

Student
Student Embalmer

Signed Charles Albert Hathaway

Licensed Embalmer No. 4267

P. O. Address Tellus, Ohio, 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.