

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42073**

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BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Lucerne, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ordia</u>		b. (Middle) <u>Earl</u>	
c. (Last) <u>Cooley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Oct. 18, 1892</u>
9. AGE (In years last birthday) <u>57</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>David Cooley</u>		13b. MOTHER'S MAIDEN NAME <u>Mina Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie Cooley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Cooley,</u>		ADDRESS <u>Lucerne, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES <u>Fracture ribs, fractures, Punctured left lung and internal trauma</u> DUE TO (b) <u>Tractor upset on chest</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Three days</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOBIOGRAPHY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 259</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Powersville Putnam Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-26-1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Tractor, tumbled over</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 26, 1949</u> , to <u>Nov. 29, 1949</u> , that I last saw the deceased alive on <u>Nov. 29, 1949</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. W. McDonald, D.O.</u>		23b. ADDRESS <u>Unionville, Mo.</u>	
23c. DATE SIGNED <u>12-3-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Dec. 1, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lucerne Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lucerne Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-23-49</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>L. W. McDonald</u>		ADDRESS <u>Unionville, Mo.</u>	

RECEIVED DEC 2
District Health Office
District File Number 12-4
Date Filed DEC 2 8

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 _____

Licensed Embalmer No. 3394

P. O. Address Unionville 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.