

No. 300  
10. 48

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1720

State File No. ....

600

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5212 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richwood</u>	
c. LENGTH OF STAY (in this place) <u>2.2 yr</u>		d. STREET ADDRESS (If rural, give location) <u>Washburn Mo, Star Route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>Delphia</u> c. (Last) <u>Cooper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-16-1900</u>
9. AGE (in years last birthday) <u>49</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George W. Nicholes</u>	
13b. MOTHER'S MAIDEN NAME <u>Mellie Carr</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Cooper</u>		ADDRESS <u>Washburn Mo. Star R</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 Hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>			<u>10 years</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>260X</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) _____		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>July 9</u> , 19 <u>49</u> , to <u>Jan 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 10</u> , 19 <u>50</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. McDonald</u> (Degree or title) _____		23b. ADDRESS <u>W. Cassville, Mo.</u>	
23c. DATE SIGNED <u>1-13-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-15-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Munroe Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeler, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>O. E. Plumber</u> 178	
25. GENERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

RECEIVED JAN 17 1950  
District Health Office No. 6,  
District File Number 150-93  
Date Filed 1-19-50

SEP 13 1950

DEC 11 1951

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 \_\_\_\_\_

JAMES KENYTH DUNCAN

Student Embalmer No. 398

working under my personal supervision.

Signed James Kenyth Duncan  
Student Embalmer

Signed Wm Morris Pope

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.