

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

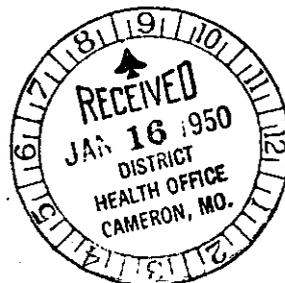
State File No. 1905

BIRTH NO. _____		REG. DIST. NO. 25		PRIMARY REG. DIST. NO. 4387		Registrar's No. 7			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell		0748			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) John			b. (Middle) Henry			
			c. (Last) Cooper			4. DATE OF DEATH (Month) 1 (Day) 7 (Year) 1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 7 16 1870			
						9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 5 Days 21 IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith			10b. KIND OF BUSINESS OR INDUSTRY blacksmith			11. BIRTHPLACE (State or foreign country) Savannah, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Phillip Cooper		13b. MOTHER'S MAIDEN NAME Angeline Bookman		14. NAME OF HUSBAND OR WIFE Sarah Gill Cooper		
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Ellen Cooper			ADDRESS Parnell, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignancy of Pancreas metastasis to mesenteric lymphatics. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Calvaria Knot						INTERVAL BETWEEN ONSET AND DEATH 6 hours Months Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION diseas. Head of pancreas (supplementary report)						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Dec 8, 1949 , to Jan 7, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 5:01 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE R. G. Parton				(Degree or title)		23b. ADDRESS Maryville Mo.		23c. DATE SIGNED 1-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1 9 1950		24c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery		24d. LOCATION (City, town, or county) (State) Parnell, Mo.			
DATE REC'D BY LOCAL REG. 1-19-50		REGISTRAR'S SIGNATURE Bess H. Holt			25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee		ADDRESS Hart city, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48



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.

Signed _____

Arch C. Duffie

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3252

P. O. Address _____

Heart city

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.