

FILED JUN 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21057  
Registrar's No. 118

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sheridan &amp; rural 0740</b>	
c. LENGTH OF STAY (In this place) <b>6 wks.</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles west</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leola</b> b. (Middle) <b>Ethel</b> c. (Last) <b>COOPER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 16 50</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/2/90</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>0</b> IF UNDER 1 YEAR Days <b>0</b> IF UNDER 1 YEAR Hours <b>0</b> IF UNDER 1 YEAR Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (State or foreign country) <b>Nance Co., Nebr.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Nathaniel Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>Guy Cooper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Glen Cooper, Maryville, Mo.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cachexia and malnutrition</b>				INTERVAL BETWEEN ONSET AND DEATH <b>155X</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic carcinoma</b>				
		DUE TO (c) <b>Carcinoma of gall bladder</b>				
		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 <b>Oct. '49. Carcinoma of gall bladder</b>			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 Nov 10, 1949 to May 16, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.F. Jackson</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>5/18/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/18/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gaynor</b>		24d. LOCATION (City, town, or county) (State) <b>Gaynor, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>5/27/50</b>		REGISTRAR'S SIGNATURE <b>Bens</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1950

JUN 29 1950



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 *Robert L. Souter*

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.