No. 300
10-48

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. D. Tate

State File No. 24175

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5875 Registrar's No. 13

750

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

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thomasville
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thomasville 0750
d. STREET ADDRESS (If rural, give location): Route 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): June 6-1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 22-1912
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thomasville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J H Wilcox
13b. MOTHER'S MAIDEN NAME: Nora Davis
14. NAME OF HUSBAND OR WIFE: Oscar W. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: O W Cooper Rt3 Thomasville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Essential Hypertension — 6 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pregnancy Toxemia 12-13-49 — 592X

19a. DATE OF OPERATION: 12-16-50
19b. MAJOR FINDINGS OF OPERATION: Pregnancy Hypertension 274/164
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1950, *to* 2-10, 1950, *that I last saw the deceased alive on* 2-10, 1950, *and that death occurred at* 5 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Stall M.D. 0
23b. ADDRESS: West Plains Mo
23c. DATE SIGNED: 6/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6-8-50
24c. NAME OF CEMETERY OR CREMATORY: Woodside
24d. LOCATION (City, town, or county) (State): Thomasville, Mo.

DATE REC'D BY LOCAL REG.: July 15-50
REGISTRAR'S SIGNATURE: Mrs W C Johnson 233
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 19 1950
District Health Office No. 6,

District File Number

Date Filed

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 Joe R. Duncan

Signed

Student Embalmer

Licensed Embalmer No. 4335

P. O. Address Mtn View Ca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.