

No. 300
10-28
FILED AUG 8 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25617

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6976 Registrar's No. 1802

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN		
b. CITY (If outside corporate limits, write RURAL and give township) JEFF BRKS MO		c. LENGTH OF STAY (In this place) 147 days	c. CITY (If outside corporate limits, write RURAL and give township) MEXICO		1042
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL			d. STREET ADDRESS (If rural, give location) 806 East Railroad Street		

3. NAME OF DECEASED (Type or Print) CARL		a. (First)	b. (Middle) (NMI)	c. (Last) COOPER	4. DATE OF DEATH JULY 24, 1950				
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-20-92	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME WILL COOPER		13b. MOTHER'S MAIDEN NAME SOPHIA TURL		14. NAME OF HUSBAND OR WIFE ESTELLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, SIGMOID COLON					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				153X	

19a. DATE OF OPERATION 2-28-50		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF SIGMOID WITH METASTASES			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 **2-28**, 1950, to **7-24-50**, 19 ~~and that I saw the deceased~~ ~~through~~ ~~XXXXXXXXXXXX~~, and that death occurred at **10:10 AM**, from the causes and on the date stated above.

23. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS VA HOSPITAL, JEFF BKS, MO		23c. DATE SIGNED 7-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-50		24c. NAME OF CEMETERY OR CREMATORY Elwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. 7-26-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates GATES FUNERAL HOME, St. Louis, Mo.			

(Licensed Embalmer's Signature on Reverse Side)

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

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 John R. Cunningham
Licensed Embalmer No. 4476

P. O. Address 4107 Finney

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.