No. 300
10.48

FILED NOV 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32481

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 298

0013

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim Smith Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green Castle 1050
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Buerguard
c. (Last): Cooley

4. DATE OF DEATH (Month) (Day) (Year): Nov 8 1950

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 12, 1861
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Benjamine Cooley
13b. MOTHER'S MAIDEN NAME: Sarah Lawson
14. NAME OF HUSBAND OR WIFE: Nevada Cooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Edison Cooley (Son) — ADDRESS: Kirksville 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): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Phlebo Thrombosis — 14 days.
DUE TO (c): — 465X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gangrene left foot — 5 days

19a. DATE OF OPERATION: 11.8.50
19b. MAJOR FINDINGS OF OPERATION: Gangrenous left foot
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* 10-30, 1950, *to* 11-8-, 1950, *that I last saw the deceased alive on* 11-8, 1950, *and that death occurred at* 4:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. English Jr. MD.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 11.8.50

24a. BURIAL, CREMATION, REMOVAL (Specify): B.
24b. DATE: 11-11-50
24c. NAME OF CEMETERY OR CREMATORY: LIPP Cem.
24d. LOCATION (City, town, or county) (State): Putnam Co. Mo.

DATE REC'D BY LOCAL REG.: 11-9-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: A. Husted Son — ADDRESS: Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 10 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1896
Date Filed: NOV 10 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Murl E. Hustead

Signed.....
Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Unionville, 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.

99 1d 03-11-11