

FILED DEC 15 1950

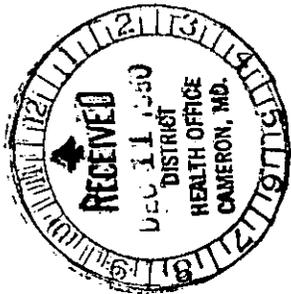
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36787

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>149</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		<u>0402</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1811 Merrill Trenton, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>1811 Merrill</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>MONROE</u> c. (Last) <u>GOOPER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 11 1877</u>			
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Work on Railroad Section</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Maintaining Road way</u>			11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Gooper</u>		13b. MOTHER'S MAIDEN NAME <u>Abbie Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Coopy (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Berren (Sister) Kansas City, Kansas</u>					
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) <u>Generalized Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1-21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)		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 <u>2 Oct, 1950</u> , to <u>2 Oct, 1950</u> , that I last saw the deceased alive on <u>2 Oct, 1950</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph M. Smith M.D.</u>				23b. ADDRESS <u>110 1/2 Main St. Trenton Mo</u>		23c. DATE SIGNED <u>16 Nov. 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-19-50</u>		REGISTRAR'S SIGNATURE <u>Lucene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmon</u>		ADDRESS <u>Trenton, Mo.</u>			

(Licensed Embalmer's Statement 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.....

.....
working under my personal supervision.

myself

Student Embalmer No.....

Signed.....

Raymond A. Demin

Licensed Embalmer No. *3424*

P. O. Address *2121th. Ave*

Signed.....
Student Embalmer

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

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