

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39620

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 106

1. PLACE OF DEATH (Where deceased died. If institution: residence before admission.) a. COUNTY <i>State Hospital #3</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>	
b. CITY (If outside corporate limits, write RURAL and give town OR <i>Rural Washington Mo</i>)		c. CITY (If outside corporate limits, write RURAL and give township) OR <i>Rural Washington Mo</i>	
c. LENGTH OF STAY (In this place) <i>4 M. 23 D.</i>		d. STREET ADDRESS (If rural, give location) <i>Nevada, Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #3</i>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>Beulah</i>	b. (Middle) <i>-</i>	c. (Last) <i>Cooper</i>	<i>10-25-50</i>		

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-3-1894</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>22</i>	IF UNDER 4 HRS. Hours <i>-</i> Min. <i>-</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hospital attendant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State, or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Donnie D. Dauset</i>	13b. MOTHER'S MAIDEN NAME <i>Mary E. Dawson</i>	14. NAME OF HUSBAND <i>Leon Cooper</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Leon Cooper</i>	ADDRESS <i>Nevada Mo R #2</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	ANTECEDENT CAUSES		
	DUE TO (b) <i>-</i> DUE TO (c) <i>-</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<i>B3 IX</i>

19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>-</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>-</i>
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22. I hereby certify that I attended the deceased from *6-2-*, *1950*, to *10-25-*, *1950*, that I last saw the deceased alive on *10-24-*, *1950*, and that death occurred at *7:05 Am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. Bunch M. D.</i> (Degree or title)	23b. ADDRESS <i>State Hospital #3</i>	23c. DATE SIGNED <i>10-25-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-27-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Newton Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>Nevada, Mo</i>
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DATE REC'D BY LOCAL REG <i>Oct. 31-50</i>	REGISTRAR'S SIGNATURE <i>Kathryn H. Yancy</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>331 E. C. ...</i>	ADDRESS <i>Nevada Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 7 1950
Dist. File 1150-2255
Date Filed 11-15-50

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 Mark E. Schuyler

Licensed Embalmer No. 2656

P. O. Address Nevala, 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.