

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5214

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6017 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Camden Twn.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Camden Twn.</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. North Camden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. North Camden</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. North Camden</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1951</u>
-------------------------------------	------------------------	-------------------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 3, 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR (Months) (Days) <u>11 29</u>	IF UNDER 1 HR. (Hours) (Min.)
----------------------	-------------------------------	---	--------------------------------------	---	--	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Peter Galle</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Madson</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas L. Cooper</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marguerite Hudgens, Camden, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>4222</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u> 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.			

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) (Min.)	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 Jan 1, 1951 to Feb 2, 1951, that I last saw the deceased alive on Feb 2, 1951 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Print or title) <u>[Signature]</u>	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>2-3-51</u>
--	------------------------------	--------------------------------

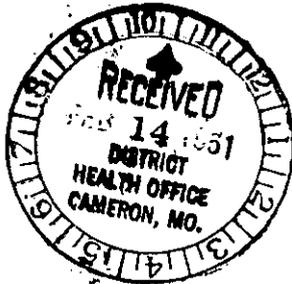
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>	24d. LOCATION (City, town, or county) (State) <u>Orrick, Mo.</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-7-51</u>	REGISTRAR'S SIGNATURE <u>Helen Solarski</u> 2720	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>QUEST-LILE FUNERAL HOME Richmond, Mo. By J.L. Richmond</u>
--	--	--

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

0890

0890



**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 J. C. Richison.....

Licensed Embalmer No. 4792.....

P. O. Address Richmond, 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.