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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9583

State File No. ....

FILED MAR 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>PHELPS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. JAMES MO</b>	
c. LENGTH OF STAY (in this place) <b>85</b>		d. STREET ADDRESS (If rural, give location) <b>0810</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ines</b> b. (Middle) <b>Cooper</b> c. (Last) <b>Cooper</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 2, 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-22-1865</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Phelps Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Isiah Cooper</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Adolph Cooper, 1324 Boyle St. La</b>	ADDRESS <b>La</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ravages of Old Age</b> DUE TO (c) <b>Arterio Sclerosis</b>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 3/21/51, 19\_\_\_\_, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. L. Mill-3</b> (Degree or title)	23b. ADDRESS <b>Rolla Mo</b>	23c. DATE SIGNED <b>3/21/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-4-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. James, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 19-51</b>	REGISTRAR'S SIGNATURE <b>Carla Birmingham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Sahr, St. James, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed March 26, 1956

**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.

Signed A. Jesse Gahr

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.