

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Busick

State File No. 12222

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 331	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (in this place) township _____		c. CITY (If outside corporate limits, write RURAL and give township) Hocomo		1460	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hosp.				d. STREET ADDRESS (If rural, give location) Star Route			
3. NAME OF DECEASED (Type or Print) a. (First) Dennis		b. (Middle) _____		c. (Last) Cooper		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 10 1947	
9. AGE (in years last birthday) 4		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) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (State or foreign country) Hocomo, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lloyd F. Cooper			13b. MOTHER'S MAIDEN NAME Esther Robinson		14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Lloyd F. Cooper			
				ADDRESS Hocomo, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia (Lymphogenous) Ac				INTERVAL BETWEEN ONSET AND DEATH 2 mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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) 2040			
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 2-17, 1951 , to 4-13, 1951 , that I last saw the deceased alive on 4-13, 1951 , and that death occurred at 10:45 p. , from the causes and on the date stated above.							
23a. SIGNATURE Arthur Busick M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/51		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Hocomo, Mo.	
DATE REC'D BY LOCAL REG. 4-16-51		REGISTRAR'S SIGNATURE W.G. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0396
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APR 23 1952

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.....
Student Embalmer

Signed *Burl Johnson*.....

Licensed Embalmer No. *14734*.....

P. O. Address *Springfield, 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.