

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15016

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>1070</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Indiana</u>		b. COUNTY <u>CORRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>30</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tobinsport</u>		<u>8130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edward</u>		b. (Middle) <u>R</u>		c. (Last) <u>Cooper</u>	
4. DATE OF DEATH		(Month) <u>Apr.</u>		(Day) <u>22</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 28, 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James M. Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Leona M. Cooper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clinical records</u> ADDRESS <u>U.S. Marine Hospital Kirkwood, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of Myocardium</u>				6 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arteriosclerotic coronary artery disease</u> DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Infarct of spleen and kidney</u> <u>Hydronephrosis</u>				3 days unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) <u>X</u> (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>Mar. 23</u> , 19 <u>51</u> , to <u>Apr. 22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr. 21st</u> , 19 <u>51</u> , and that death occurred at <u>1:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Stimson, Sr. Surg.</u> (Degree or title)				23b. ADDRESS <u>U.S. Marine Hosp., Kirkwood, Mo</u>		23c. DATE SIGNED <u>4-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Courthouse Indiana</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>4/23/51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Tomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Stimson 7514 S. Broadway</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

1961 71 NOV

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

Harry Schumacher

Signed

Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.