

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1951

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY PUTNAM b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE c. LENGTH OF STAY (In this place) 66 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) AT HOME				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) CARRIE c. (Last) COOP		4. DATE OF DEATH JUNE, 20 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 15, 1884		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 9 Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) NEW CASTLE, PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH SPRINGER		13b. MOTHER'S MAIDEN NAME SUSAN Y. MORROW		14. NAME OF HUSBAND OR WIFE G. C. COOP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Pauline Calhoun ADDRESS Unionville, Mo.			
18. CAUSE OF DEATH: Enter only on outside 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis DUE TO (c) Senile debility				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 592X 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 15, 1950 to June 20, 1951 , that I last saw the deceased alive on June 20, 1951 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Ink or type) Chas. L. Judd D.D.				23b. ADDRESS Unionville Mo 64225		23c. DATE SIGNED 6/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 24, 1951		24c. NAME OF CEMETERY OR CRMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI	
DATE REC'D BY LOCAL REG. 7-7-51		REGISTRAR'S SIGNATURE Marvell Turbine 266		25. FUNERAL DIRECTOR'S SIGNATURE COLESTOCK FUNERAL HOME ADDRESS UNIONVILLE, MO.			

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

0860

Date Received: JUL 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1240
Date Filed: JUL 10 1951

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 _____

John N. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.