

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26721**

FILED SEP 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Howell</u> <b>0461</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> <b>0461</b>		
c. LENGTH OF STAY (In this place) <u>3 yrs</u>			d. STREET ADDRESS (If rural, give location) <u>1019 Kenfrow</u> <b>0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Elmer</u>	b. (Middle) <u>Alexander</u>	c. (Last) <u>Cooper</u>	<u>5-31-51</u>		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-15-1862</u>	9. AGE (In years) (Month) (Day) <u>88</u> <u>4</u> <u>16</u>	10. IF UNDER 1 YEAR OF ORDER IN ISS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Big Sandy, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. D. Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda DeBruce</u>	13c. NAME OF HUSBAND OR WIFE <u>Ed B. Cooper</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. E. A. Cooper</u>	ADDRESS <u>West Plains, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	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 <u>002x</u>	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)
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 10-28, 1950, to 5-31, 1951, that I last saw the deceased alive on 4-29, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Callahan M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>6/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>6-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
DATE REC'D BY LOCAL REG. <u>8-14-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains, Mo</u> ADDRESS

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

AUG 21 1951

Dist. File 851-1540

Date Filed 8-28-51



4 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*D. D. Robertson*

Licensed Embalmer No. *3437*

P. O. Address

*West Plains 5*

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.