

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30627

State File No.

FILED OCT 8 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec Township</u>		d. STREET ADDRESS <u>Cureka RR#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cum Home Cureka RR#1</u>				d. STREET ADDRESS <u>Cureka RR#1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GROVER</u>		b. (Middle) <u>RAYARD</u>		c. (Last) <u>COOPER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 22-1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>DEC 1-1890</u>		9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>21</u>		11. UNDER 100 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOULDER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Cureka Mo. RR1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>				13a. FATHER'S NAME <u>Alexander Cooper</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary Dutton</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>489-20-7894</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Komo-Subville, Mo</u>			
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) <u>Mitral Regurgitation</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>410x</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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	
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 <u>Jan</u> , 1950, to <u>Sept. 22nd</u> , 1951, that I last saw the deceased alive on <u>Sept 21st</u> , 1951, and that death occurred at <u>12:50am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. B. Edwards, M.D.</u> (Degree or title)				23b. ADDRESS <u>Ordor Hill, Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local Baptist Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cureka Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-29-1951</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Brimmer</u>		ADDRESS <u>Hause Springs Mo</u>	

OCT 24 1951

JEFFERSON COUNTY HEALTH DEPT.
JALLSBORO, MISSOURI
DATE RECEIVED 10-23-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

John H. Brunner

Licensed Embalmer No. 1470

P. O. Address *House Springs 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.