

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REC'D DEC 10 1951

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655

0550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon	
c. LENGTH OF STAY (in this place) 327 days		d. STREET ADDRESS (If rural, give location) 609 S. West	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			
3. NAME OF DECEASED (Type or Print) a. (First) Hazel		b. (Middle) Margaret	
c. (Last) Cooper		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1951	
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-18-21
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clarence Carter		13b. MOTHER'S MAIDEN NAME Beulah Stewart	
14. NAME OF HUSBAND OR WIFE Arthur Bryan Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-12-8042	
17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Peck, Mt. Vernon, Missouri		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbidity 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 002x	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1-8- , 19 51 , to 12-1 , 19 51 , that I last saw the deceased alive on 12-1- , 19 51 , and that death occurred at 10:30a.m. , from the causes and on the date stated above.			
23a. SIGNATURE C. A. Brown M.D.		23b. ADDRESS Mt. Vernon, Missouri	
23c. DATE SIGNED 12-1-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-1-51	
24c. NAME OF CEMETERY OR CREMATORY Nipa Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 12-1-51		REGISTRAR'S SIGNATURE Cecil Henricks	
25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris		ADDRESS Clever, Mo.	

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

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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 John Dean Harris
Licensed Embalmer No. 4390

P. O. Address Clever, 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.