

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40409

State File No. ....

180 DEC 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6228 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Shannon</u> <u>1010</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence, Mo</u> <u>1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural (EMINENCE TOWNSHIP)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>H</u> c. (Last) <u>Cooley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 2 1951</u>			
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 21</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dent County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J.B. Cooley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Roark</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Cooley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Cooley Eminence, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>9 Mos.</u>	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>CARCINOMA OF BLADDER</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>181X</u>			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) (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 Oct 2, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. P. Fernandez (County Coroner)</u>		23b. ADDRESS <u>Eminence, Mo.</u>		23c. DATE SIGNED <u>11/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Eminence Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-29-51</u>		REGISTRAR'S SIGNATURE <u>Michael Collins 447</u>			

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

RECEIVED

DEC 4 - 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

**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 J. Leonard* .....

Licensed Embalmer No. *2516* .....

P. O. Address *Mt. View Co.* .....

**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.