

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41079

FILED DEC 18 1951

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5316</u>		Registrar's No. <u>31</u>									
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If different, residence before death.) a. STATE <u>Mo</u>				b. COUNTY <u>Cooper</u>							
b. CITY OR TOWN <u>Pleasant Green</u>		c. LENGTH OF STAY (in this place) <u>27</u>		c. CITY OR TOWN <u>Pleasant Green</u>		d. STREET ADDRESS <u>Cedar Creek Twp!</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Green</u>				d. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print) <u>GEORGE WASHINGTON COOPER</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH <u>Dec 5-1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 15-1873</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unmarried Blevins</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Slickler</u>				14. NAME OF HUSBAND OR WIFE <u>Everdia Cooper</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Everdia Cooper - Pleasant Green, Mo</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid 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. <u>Lobar Pneumonia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>5 hrs.</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								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 <u>July</u> 19 <u>51</u> , to <u>Dec</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 5</u> , 19 <u>51</u> , and that death occurred at <u>3:45 p</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Dr. M. Kelly D.D.</u> (Degree or title)						23b. ADDRESS <u>Pilot Grove Mo</u>				23c. DATE SIGNED <u>Dec 6-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Green</u>				24d. LOCATION (City, town, or county) (State) <u>Pleasant Green, Mo</u>							
DATE REC'D BY LOCAL REG. <u>Dec 8-1951</u>		REGISTRAR'S SIGNATURE <u>Thelma Bullett</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>				APPROVE <u>Pilot Grove</u>					

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

RECEIVED DEC 17 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 17 1951

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STATEMENT BY LICENSED EMBALMER

Myself

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 _____

Peyton E. Hays

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wisc.*

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.