

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2500

FILED JAN 23 1952

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY OR TOWN <i>Flat River</i>		c. CITY OR TOWN <i>Flat River</i> <i>1942</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>1018 Main St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Albert</i> b. (Middle) <i>Lane</i> c. (Last) <i>Cooper</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 11 1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White Male</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>February 15-1879</i>	9. AGE (In years last birthday) <i>72-10-26</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Not employed</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Sullivan Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Mr. Louis Cooper</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Harmon</i>	14. NAME OF HUSBAND OR WIFE <i>Elizabeth O. Dempsey Cooper</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <i>486-28-6430</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Margaret Baugh (daughter)</i>	ADDRESS <i>Green Mines, Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sunshot wound of head.</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>Vegetat of coroner jury "we the jury Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) find the deceased death caused by talking his own life."</i>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <i>talking his own life.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>E976X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Flat River St. Francois Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan 11 1952 m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>playing muzzle of shotgun under chair</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

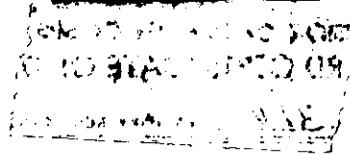
23a. SIGNATURE <i>Paul Duval Deputy Sheriff Acting Coroner</i>	23b. ADDRESS <i>Farmington Mo</i>	23c. DATE SIGNED <i>1/12/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 14 - 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Farmington Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Jan. 14, 1952</i>	REGISTRAR'S SIGNATURE <i>Ethel Redlock</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>	ADDRESS <i>303 Crane St. Flat River, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3402



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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crown St Flat Quincy MA

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.