

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5779 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden + rural</u> LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden 0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Route, Highway 5</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print) <u>Ferry Cleveland Cooper</u>	a. (First)	b. (Middle)	c. (Last) <u>Whitlock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 - 52</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec 15 - 1884</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>timber</u>	11. BIRTHPLACE (State or foreign country) <u>Stockton, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Geo Olive Whitlock</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Margaret Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>Bennie Whitlock</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bennie Whitlock</u> ADDRESS <u>Camden 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Short</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 on Apr 24 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Clifton M.D.</u> (Degree or title)	23b. ADDRESS <u>Camden Mo</u>	23c. DATE SIGNED <u>5-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laughlin</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 2 - 1952</u>	REGISTRAR'S SIGNATURE <u>Zelpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksou - Woolery</u> ADDRESS <u>Camden Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

150
3

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 Abbie Backson Wooley

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.