

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23605

State File No.

BIRTH NO. REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5714 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-Drayne Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-Drayne Twp.</u>	
c. LENGTH OF STAY (in this place) <u>11 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>J.D. RATLIFF HOME 14 MI. S.W. OF MARBLE HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>COOMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 27, 1877</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Harrisville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>JOE HARTSEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZAJANE RICHARDS</u>		14. NAME OF HUSBAND OR WIFE <u>WM. G. COOMER</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>Mrs. John Ratliff</u>	
				ADDRESS <u>Loftin Hts., 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; asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Decomposition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not Known</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Scurvy</u>			
		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		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 Jan, 1923, to 28 July, 1952 that I last saw the deceased alive on 28 July, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. D. Merrill</u>		23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>2 Aug 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PERKINS CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>PERKINS, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>Aug. 6, 52</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geoplinghoff Funeral Home</u>	
				ADDRESS <u>Chaffin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2090

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

Jack I. Burnett

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, 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.