

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

287778

State File No. ....

SEP 9 - 1952

No. 300  
10.48

REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5772 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY <u>MERCER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Half Rock, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Half Rock</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1952</u>	
3. NAME OF DECEASED (Type or Print) <u>Josie</u>		c. (Last) <u>COOPER.</u>	
a. (First)		b. (Middle)	
5. SEX <u>female</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
6. COLOR OR RACE <u>white</u>		8. DATE OF BIRTH <u>Apr. 27 1864</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>88</u> <u>4</u> <u>06</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mercer County, Mo.</u>	
13a. FATHER'S NAME <u>Wm. Jackson Harbert</u>		14. NAME OF HUSBAND OR WIFE <u>John L. Cooper (dec)</u>	
13b. MOTHER'S MAIDEN NAME <u>MARtha Scott</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</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>		17. INFORMANT'S SIGNATURE OR NAME <u>William E. Cooper</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		ADDRESS <u>Half Rock, 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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic suppurative</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arterio-sclerosis</u>		<u>10 yrs</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		<u>4221</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
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>1/1</u> , 19 <u>50</u> , to <u>8/29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/15</u> , 19 <u>52</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William E. Cooper</u> (Degree or title)		23b. ADDRESS <u>Warrio Mo</u>	
23c. DATE SIGNED <u>9/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24d. LOCATION (City, town, or county) (State) <u>Half Rock, Missouri</u>	
24b. DATE <u>Aug 30 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Half Rock cemetery</u>	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS - BLACKMORE</u> ADDRESS <u>Trenton, Mo</u>	
REGISTRAR'S SIGNATURE <u>Wm. E. Cooper</u>		393	

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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed Jordan Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.