

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35609**

FILED NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **4301** Registrar's No. **13**

580

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Linn | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meadville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meadville | |
| c. LENGTH OF STAY (In this place) 14 years | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Greenfield b. (Middle) c. (Last) Cooper | | | 4. DATE OF DEATH (Month) (Day) (Year) November 5, 1952 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Nov. 16, 1863 | | 9. AGE (In years last birthday) 88 | | 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming | |
| 11. BIRTHPLACE (State or foreign country) Taswell County, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 10b. KIND OF BUSINESS OR INDUSTRY | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME William Henry Cooper | | 13b. MOTHER'S MAIDEN NAME Elizabeth Greenfield | | 14. NAME OF HUSBAND OR WIFE Laura Miller | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Greenfield Cooper; Meadville, Mo. | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH Instant | |
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|---|--|--|--|--|--|
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Nov. 5**, 19**52**, and that death occurred at **8:30 P** m., from the causes and on the date stated above.

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|--|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Walter Bryan M.D. | | 23b. ADDRESS Wheeling, Mo. | | 23c. DATE SIGNED 11/7/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-7-52 | | 24c. NAME OF CEMETERY OR CREMATORY Meadville | |
| 24d. LOCATION (City, town, or county) (State) Meadville, Missouri | | | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. Nov. 7, 1952 | | REGISTRAR'S SIGNATURE Chris A. Martens | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo | |
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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 *Elton Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.