

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39516

State File No. ....

FILED DEC 1 1952

BIRTH NO. .... REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 56

1670

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - E. Prairie Sup.</u>		c. LENGTH OF STAY (in this place) <u>00 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - E. Prairie Sup.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. East of East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. E. of East Prairie</u>			
3. NAME OF DECEASED a. (First) <u>MATTIE</u>		b. (Middle) <u>E</u>	
		c. (Last) <u>COOPER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 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>Sept. 2, 1885</u>
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>1</u> DAYS <u>21</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (City and State or foreign Country) <u>Bardwell, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Alex Leath</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Reuben Thomas Cooper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Mathis - East Prairie, Mo.</u>		ADDRESS <u>East Prairie, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</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	
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) (Min.)		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>Oct. 2</u> , 1952, to <u>Oct. 22</u> , 1952, that I last saw the deceased alive on <u>Oct. 22</u> , 1952, and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A J Martin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>East Prairie Mo</u>	
23c. DATE SIGNED <u>10/28/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>W. S. W. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-17-52</u>		REGISTRAR'S SIGNATURE <u>Travis Shelby</u> ADDRESS <u>East Prairie</u>	

NOV 28 REC'D

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed NOV 28 1952

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. 467

working under my personal supervision.

Student T. Travis W. Shelby Jr.  
Student Embalmer

Signed T. Travis Shelby  
Licensed Embalmer No. 2226

- P. O. Address East Prairie, 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.