

No. 300
10-48

FILED FEB 9 1953

STANDARD CERTIFICATE OF DEATH

State File No. 185

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Ballenger</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before death) STATE <u>Missouri</u> b. COUNTY <u>Ballenger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturdivant, Mo. Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturdivant, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1125 S. 1st St. Junita</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles Everett Cooper</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1893</u>
9. AGE (Years last birthday) <u>59</u>		10. MONTHS <u>3</u> DAYS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Near Sturdivant, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Crews Mac Cooper</u>	
14. NAME OF HUSBAND OR WIFE <u>Mac Cooper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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. Mac Cooper</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>Stasis pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> and DUE TO (c) <u>Cholecystectomy</u> 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 <u>1938</u> , to <u>Jan 28, 1953</u> , that I last saw the deceased alive on <u>Jan 28, 1953</u> and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Masters</u>		23b. ADDRESS <u>Advocate, Mo.</u>	23c. DATE SIGNED <u>Jan 24, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lock Point Cemetery, Sturdivant, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Sturdivant, Mo.</u>
DATE RECD BY LOCAL REG. <u>Feb 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Willie Van Embury</u>	25-6	FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Morgan</u>

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

0090

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 Embalmer No.

Signed

William H. Morgan

Signed.....

Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.