

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2543

State File No. ....

BIRTH NO. 08101 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 23

1. PLACE OF DEATH  
a. COUNTY Phelps  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Phelps  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg 0810  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
a. (First) JOHN b. (Middle) THOMAS c. (Last) COOPER  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Jan 19 1953  
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Mar 10 1873 9. AGE (In years if under 1 year last birthday) Months Days Hours Mins. 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Milling 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jackson Cooper 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT'S SIGNATURE OR NAME Pearl Lawson Jefferson ADDRESS City Mo

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardio-vascular-Renal Disease MEDICAL CERTIFICATION  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Nephritis, arterio-sclerosis  
Hypertension + mitral insufficiency  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Gangrene + leg ulcers of  
both extremities

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 442 X 20. AUTOPSY? YES  NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1953, to Jan 19, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Richard A. Myers D.D. (Degree or title) 23b. ADDRESS Newburg, Mo. 23c. DATE SIGNED Jan 21, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 22 1953 24c. NAME OF CEMETERY OR CREMATORY Mt Olive 24d. LOCATION (City, town, or county) (State) Newburg Mo

DATE REC'D BY LOCAL REG. Feb. 5, 1953 REGISTRAR'S SIGNATURE Nadine L. Stoll 380-1 FURNERAL DIRECTOR'S SIGNATURE Lee Johnson ADDRESS Newburg, Mo

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

County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 2-10-53

**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 \_\_\_\_\_

*L. Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.