

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5674

State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Ironton</u>		c. CITY OR TOWN <u>Mill Creek 0630</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCILLE</u>	b. (Middle) <u>(BURKS)</u>	c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-53</u>
-------------------------------------	---------------------------	----------------------------	-------------------------	---

5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 14 - 1921</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
------------------	-------------------------------	---	--	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jewett, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Anny F. Burks</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Shoemaker</u>	14. NAME OF HUSBAND OR WIFE <u>James Cooper</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>James Cooper - Mill Creek</u>	ADDRESS <u>Mill Creek</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>acute generalized peritonitis</u> DUE TO (c) <u>acute salpingitis (rt)</u>		<u>2 wks.</u> <u>2 wks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible ectopic pregnancy</u> <u>Possible gall bladder condition</u>		<u>?</u>	

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 1-31-53, 1953, to 2-7-53, 1953, that I last saw the deceased alive on 2-7-53, 1953, and that death occurred at 02:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Fairland, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ironton, Missouri</u>	23c. DATE SIGNED <u>2-10-53</u>
--	-------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jewett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Co. Mo</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-19-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adams - Webb</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
---	--	--	-----------------------------------

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

70
C

DEC 1 1950

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricktown, Pa

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.