

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10258**
10258

FILED APR 6 1954

REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** REGISTRAR NO. **66**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 1238 James St	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			
3. NAME OF DECEASED a. (First) BENJAMIN (Type or Print)		b. (Middle) FRANKLIN	
		c. (Last) COOPER	
4. DATE OF DEATH March 25, 1953 (Month) (Day) (Year)			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 29, 1873
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. interior decorator		10b. KIND OF BUSINESS OR INDUSTRY decorating	
11. BIRTHPLACE (City and State or Foreign Country) McDonald County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Cooper		13b. MOTHER'S MAIDEN NAME Margaret Ledbetter	
14. NAME OF HUSBAND OR WIFE Anna Keeling Cooper			
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 Welma Denker		ADDRESS 1238 James Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493x	
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 7-18 , 19 50 , to 3-25 , 19 53 , that I last saw the deceased alive on 3-25 , 19 53 , and that death occurred at 1:05p m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Carthage, Mo	
23c. DATE SIGNED 3-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-27-1953	
24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery		24d. LOCATION (City, town, or county) (State) Sarcoxie, Mo	
DATE REC'D BY LOCAL REG. 3-26-53		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Knell Mortuary, Carthage, Mo	

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

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RECEIVED 4-3-53

Jasper County Health Office

County File Number 53/4/308

Date Filed 4-3-53

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.