

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10627**
Registrar's No. **19**

FILED **APR 8 1953** REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4320**

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravanna	c. LENGTH OF STAY (In this place) 1 life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravanna	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED a. (First) John b. (Middle) c. (Last) Cooper		4. DATE OF DEATH 3-29-53 (Month) (Day) (Year)	
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5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 12-14-1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 3 Days 14	IF UNDER 24 HRS. Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ravanna, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Spencer Cooper	13b. MOTHER'S MAIDEN NAME Rebecca Arbuckle	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Claude Cooper	ADDRESS Mercer, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 10 min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUPLICATE		
ANTECEDENT CAUSES		DUPLICATE		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE		
DUPLICATE		DUPLICATE		
DUPLICATE		DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Jan 10, 1953**, to **Mar 29, 1953**, that I last saw the deceased alive on **Mar 29, 1953**, and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. J. Hunsicker (Degree or title)	23b. ADDRESS Mercer, Mo	23c. DATE SIGNED April 1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-53	24c. NAME OF CEMETERY OR CREMATORY Ravanna	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo
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DATE REC'D BY LOCAL REG. 4-2-53	REGISTRAR'S SIGNATURE Noel Moss	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss	ADDRESS Princeton, Mo
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DEC 30 1958

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 AM

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herl Mass

Licensed Embalmer No. 2634

P. O. Address Quincy 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.