S. No. 300
V. 10-48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

15221

State File No.

FILED MAY 14 1953

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 97

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 63 South

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Rolla
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Highway 63 South

0812

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALFRED
b. (Middle): FRANCIS
c. (Last): COOPER

**4. DATE OF DEATH** (Month) (Day) (Year): April 30, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widower
**8. DATE OF BIRTH**: May 7, 1894
**9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: Woodwork
**11. BIRTHPLACE** (City and State or Foreign Country): Walnut Ridge, Arkansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Alfred T. Cooper
**13b. MOTHER'S MAIDEN NAME**: Dora L. Rackert
**14. NAME OF HUSBAND OR WIFE**: Eva, dec.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 497-18-4964
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Louella McWhorter — ADDRESS: Rolla, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia, terminal — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Prostate — unknown
DUE TO (c): 177X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic Heart Disease — Unknown

**19a. DATE OF OPERATION**: 10-3-52
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of Prostate
**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) m.
**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* 1 Sept., 1953, *to* 30 Apr., 1953, *that I last saw the deceased alive on* 29 Apr., 1953, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Guy V. Everist (Degree or title) M.D.
**23b. ADDRESS**: Rolla, Mo
**23c. DATE SIGNED**: 2 May 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 2, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Roseberry Cemetery
**24d. LOCATION** (City, town, or county) (State): Phelps County, Missouri

DATE REC'D BY LOCAL REG.: May 4, 1953
REGISTRAR'S SIGNATURE: Nadine L. Stoll
**25. FUNERAL DIRECTOR'S SIGNATURE**: Paul E. Null — ADDRESS: Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed 5-13-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul E. Mu

Licensed Embalmer No...449

P. O. Address.....Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.