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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24234**

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron	
c. LENGTH OF STAY (in this place) 10 Min.		d. STREET ADDRESS (If rural, give location) A 24 North Chestnut St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Louie b. (Middle) MARTIN c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) 7 20 53		
5. SEX M	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Gros.		10b. KIND OF BUSINESS OR INDUSTRY Gros.	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Cooper		13b. MOTHER'S MAIDEN NAME S JAMES SMITH		14. NAME OF HUSBAND OR WIFE Harriet 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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harriet Cooper Cameron 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + DUE TO (c) hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)	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 **7-1, 1947** to **7-20, 1953**, that I last saw the deceased alive on **7-20, 1953** and that death occurred at **1:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Miller, M.D.	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 7-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-23-53	24c. NAME OF CEMETERY OR CREMATORY PACKARD	24d. LOCATION (City, town, or county) (State) CAMERON Mo
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DATE REC'D BY LOCAL REG. 7-23-53	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Poland Funeral Home Cameron Mo
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AUG 28 1953

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

Robert F. Poland

Licensed Embalmer No. *4777, d. st*
222 West 3rd St

P. O. Address *Panama, Miss*

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.