FILED AUG 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24412

State File No. 24412

BIRTH NO. 42680 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 690

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396 0
d. STREET ADDRESS (If rural, give location): 1506 West Calhoun

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Lee
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): 7 - 26 - 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: 7 - 24 - 53

9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1, If under 24 hrs.: Hours 17, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): Springfield, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: John Edward Cooper

13b. MOTHER'S MAIDEN NAME: Norma Lee Turner

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Norma Cooper, 1506 West Calhou

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — 31 wk. pregnancy

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Birth wt. 3#7z.

DUE TO (c)

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 776X

20. AUTOPSY? YES [X] 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* 7-24-53, 19__, *to* 7-26-53, 19__, *that I last saw the deceased alive on* 7-25-53, 19__, *and that death occurred at* 1:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE E. J. Schwartz **(Degree or title)** M.D. **23b. ADDRESS** 609 Cherry, Springfield Mo. **23c. DATE SIGNED** 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 27 July 1953

24c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery

24d. LOCATION (City, town, or county) (State): Springfield, Missouri.

DATE REC'D BY LOCAL REG.: 7-29-53

REGISTRAR'S SIGNATURE: Earl Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fred C. Thiem Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Was not embalmed Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph H Kneim

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo

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

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