

FILED OCT 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34882

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>344</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If different, residence before a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City Rural</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green Smith Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u>			b. (Middle) <u>Reba</u>		c. (Last) <u>Cooper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 1953</u>
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 3, 1922</u>	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>---</u>		IF UNDER 24 HRS. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ray Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Blanche Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Dale Cooper</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dale Cooper, RFD 2, Green City, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemorrhagic Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute infectious gastroenteritis (type unknown)</u> 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				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) <u>5711</u>			
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 <u>Oct 20</u> , 19 <u>53</u> , to <u>Oct 23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 23</u> , 19 <u>53</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>				23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>Oct 23, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winigan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winigan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent & Son, Green City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.