

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34994**

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 59	
1. PLACE OF DEATH a. COUNTY BOLLINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY BOLLINGER			
b. CITY (If outside corporate limits, write RURAL and give township) LUTESVILLE		c. LENGTH OF STAY (in this place) 32 yrs		c. CITY (If outside corporate limits, write RURAL and give township) LUTESVILLE		0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) LIZZIE		a. (First)		b. (Middle)		c. (Last) COOPER	
4. DATE OF DEATH (Month) (Day) (Year) OCT. 2 1953		5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 1, 1869		9. AGE (In years last birthday) 84		10. MONTHS 3		11. DAYS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Widow		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BEN WHITENER		13b. MOTHER'S MAIDEN NAME BOLLINGER		14. NAME OF HUSBAND OR WIFE Henry Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leo Cooper		ADDRESS Lutesville, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 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. Arteriosclerosis DUE TO (b) 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)			
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 3/2 , 19 52 , to 5/1 , 19 53 , that I last saw the deceased alive on 3/2 , 19 53 and that death occurred at 10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE John J. Myers				23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 10/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery		24d. LOCATION (City, town, or county) (State) Lutesville Mo	
DATE REC'D BY LOCAL REG Oct-5-1953		REGISTRAR'S SIGNATURE Willie Van Amburgh		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Baker		ADDRESS Lutesville, Mo.	

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.