

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38377**

FILED NOV 27 1953

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 43 | | PRIMARY REG. DIST. NO. 3007 | | Registrar's No. 2 | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty) 1020 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital | | | | d. STREET ADDRESS (If rural, give location) R. F. D. #1, Bernie, Mo. | | | |
| 3. NAME OF DECEASED a. (First) Betty | | b. (Middle) Jean | | c. (Last) Cooper | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 2, 1936 | |
| 9. AGE (In years last birthday) 17 | | IF UNDER 1 YEAR Months 2 | | IF UNDER 1 YEAR Days 7 | | IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Bernie, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Howard Zimmerman | | 13b. MOTHER'S MAIDEN NAME Marcelle Vaughn | | 14. NAME OF HUSBAND OR WIFE Eugene Cooper | | | |
| 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. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Cooper, Bernie, Mo., R. 1 | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Eclampsia (ante partum) | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Nov 8th, 1953, to Nov 9th, 1953 , that I last saw the deceased alive on Nov 9, 1953 , and that death occurred at 11:50 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Frank R. Mueller, M.D. | | | | 23b. ADDRESS Poplar Bluff, Missouri | | 23c. DATE SIGNED Nov 13, 1953 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-13-53 | | 24c. NAME OF CEMETERY OR CREMATORY Bernie | | 24d. LOCATION (City, town, or county) (State) Bernie, Missouri | |
| DATE REC'D BY LOCAL REG. 11/16/53 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 23 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Licensed Embalmer No. 3479

P. O. Address _____

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.