e.300
0.48

41
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40089

FILED NOV 24 1953

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 382

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNE TERRE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS 0940
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEADWOOD 0
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) ELIZABETH c. (Last) COOPER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 6 1953

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: JULY 8 1895

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): DENT COUNTY, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM BOWEN

13b. MOTHER'S MAIDEN NAME: SARAH DESKIN

14. NAME OF HUSBAND OR WIFE: JERRY COOPER, SR.

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.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: JERRY COOPER, SR. LEADWOOD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio sclerosis general

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: 331X

20. AUTOPSY? YES ☐ 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* July, 1953, *to* Nov 6, 1953, *that I last saw the deceased alive on* 11-5, 1953, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H C Gaulke MD

23b. ADDRESS: Desloge Mo

23c. DATE SIGNED: 11-9-53

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

24b. DATE: NOV. 9 1953

24c. NAME OF CEMETERY OR CREMATORY: ADAMS CEMETERY

24d. LOCATION (City, town, or county) (State): PHELPS COUNTY, MO.

DATE REC'D BY LOCAL REG.: Nov. 9, 1953

REGISTRAR'S SIGNATURE: Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Bert L Boyer Leadwood 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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, Mo.

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

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