

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41821**

BIRTH NO. **FILED DEC 15 1953** REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **4494** Registrar's No. **265**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Winona, Mo		c. LENGTH OF STAY (this place) 0 MO	c. CITY OR TOWN Winona, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Joseph c. (Last) Cooper		4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1953	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 28-1873	9. AGE (In years last birthday) 80 Months 3 Days 5	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wayne County Tenn,	12. CITIZEN OF WHAT COUNTRY? USA
--------------------	------------------------------	--	--	---	---	-----------------------------------	---	--

13a. FATHER'S NAME G.W. Cooper	13b. MOTHER'S MAIDEN NAME Mattie McFall	14. NAME OF HUSBAND OR WIFE None
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 164-01-4971	17. INFORMANT'S SIGNATURE OR NAME W.E. Cooper	ADDRESS Winona, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic interstitial Nephritis		
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 592 X	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	---	---------------------------

22. I hereby certify that I attended the deceased from **Nov 23, 1953** to **Nov 23, 1953** that I last saw the deceased alive on **Nov 23, 1953** and that death occurred at **8:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Ballinger MD	(Degree or title)	23b. ADDRESS Winona Mo	23c. DATE SIGNED 11/25-53
---	-------------------	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 26-53	24c. NAME OF CEMETERY OR CREMATORY Cooper Cem	24d. LOCATION (City, town, or county) (State) Winona, Mo
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. Dec 14 53	REGISTRAR'S SIGNATURE W. A. Ballinger	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home	ADDRESS Mtn View, Mo
--	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1010
1

DEC 15 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.....
Signature of Student Embalmer

Signed..... *John F. Keenan*.....
Licensed Embalmer No. *2516*.....

P. O. Address *M. X. Keenan, Gms*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.