

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42267**

No. 200  
10.48

FILED DEC 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Camdenton</u>	c. LENGTH OF STAY (If this place) <u>Life</u>	c. CITY OR TOWN <u>Camdenton</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - (his)</u>		d. STREET ADDRESS (If rural, give location) <u>Ken Del</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16-1953</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31-1913</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dwelling</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Curvis, Mo. Camden Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John William Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Selvey</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Jilson Cooper</u>
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-05-6382</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Cooper</u>	ADDRESS <u>As above</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>	DUE TO (b) <u>Coronary occlusion</u>		<u>acute</u>
ANTECEDENT CAUSES	DUE TO (c) <u>Coronary thrombosis</u>		<u>acute</u>
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 12-16, 1953, to 12-16, 1953, that I last saw the deceased alive on 12-16, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Dale Atterbury D.O.A.</u>	23b. ADDRESS <u>Camdenton Mo</u>	23c. DATE SIGNED <u>12-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 19-1953</u>	REGISTRAR'S SIGNATURE <u>Zilpha Jraw</u>	42-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson - Woolery</u>	ADDRESS <u>Camdenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1928 JUN 19

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 Dorsey M. Howe

Licensed Embalmer No. 42220

P. O. Address Lebanon 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.