

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4614**

BIRTH NO. **FILED FEB 17 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Maundy			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Kalbarock		065 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Physicians office Trenton			d. STREET ADDRESS (If rural, give location) Richard Mo Route			
3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) COOPER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-9-1954			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Specified</u> Married	8. DATE OF BIRTH 11-4-1887	9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Richard Merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kalbarock		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lewis Cooper		13b. MOTHER'S MAIDEN NAME Angeline Summan	14. NAME OF HUSBAND OR WIFE Lydian Keeler Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydian Cooper Richard 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. DUE TO (b) Hypertension & Intox Vegetarian DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 Day
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)		1901	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1943 , to Feb 9, 1954 , that I last saw the deceased alive on Feb 9, 1954 , and that death occurred at 116 m. , from the causes and on the date stated above.						
23a. SIGNATURE J. H. Harris MD		(Degree or title)		23b. ADDRESS Trenton Mo	23c. DATE SIGNED 2/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-12-1954	24c. NAME OF CEMETERY OR CREMATORY Kalbarock Cem	24d. LOCATION (City, town, or county) (State) Richard Mo			
DATE REC'D BY LOCAL REG. 2-12-54	REGISTRAR'S SIGNATURE Irene Fair		115	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. P. Patterson Galt Mo		

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

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 *P. K. Payne Jr*

Licensed Embalmer No. 3400

P. O. Address. Salt md

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.