

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11382

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 96

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY OR TOWN <u>Fulton</u> c. LENGTH OF STAY (in this place) <u>9 mo 8 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> c. CITY OR TOWN <u>Fayette</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS <u>no</u> (if rural, give location) <u>045/1</u>	
3. NAME OF DECEASED (Type or Print) <u>Myrtle</u> a. (First) <u>Myrtle</u> b. (Middle) <u>Cooper</u> c. (Last) <u>Cooper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 7 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 29, 1885</u>
9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>5</u> IF UNDER 2 HRS: Days _____ Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lawson Green</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>M. B. Cooper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. B. Cooper</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>	
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) <u>accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hosp # 1</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>infirmary State Hosp Callaway Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>mar 5 1954 7:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fell to floor</u>		22. I hereby certify that I attended the deceased from <u>Oct 18 1953</u> , to <u>Apr 7</u> , 1954, that I last saw the deceased alive on <u>Apr 6</u> , 1954, and that death occurred at <u>7 1/2 m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. Hunter</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fulton Mo</u>	
23c. DATE SIGNED <u>4/7/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fayette Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 11-1954</u>		REGISTRAR'S SIGNATURE <u>Marella Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home Fulton Mo</u>		ADDRESS _____	

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 *Harry A. Steved*.....

Licensed Embalmer No. *372*.....

P. O. Address *Fulton St*.....

**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.**