

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15486

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5451 Registrar's No. 3-0

0380

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wilson twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wilson Twp.	
c. LENGTH OF STAY (in this place) 42 yrs.		d. STREET ADDRESS (If rural, give location) S.E. Ravenwood 6 miles	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ravenwood Rural S. 6 miles			

3. NAME OF DECEASED (Type or Print) Mr. Clarence Cooper			4. DATE OF DEATH (Month) (Day) (Year) June 3 1954		
a. (First)		b. (Middle)		c. (Last)	

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Dec. 27 1880	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months	10. IF UNDER 1 YEAR Days	10. IF UNDER 24 HRS. Hours	10. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Gentry Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George Cooper	13b. MOTHER'S MAIDEN NAME Mary Pugh	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Iliff Cooper	17. ADDRESS Ravenwood Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuber Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exhaustion		
	DUE TO (c) app. Referred for 4 yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7 am + leg.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1, 1954**, to **June 3, 1954**, that I last saw the deceased alive on **June 3, 1954**, and that death occurred at **6:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Charles A. Williams M.D.	(Degree or title)	23b. ADDRESS Gentry Mo.	23c. DATE SIGNED 6-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/5/54	24c. NAME OF CEMETERY OR CREMATORY High Ridge	24d. LOCATION (City, town, or county) (State) Stanberry Gentry Mo.
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DATE REC'D BY LOCAL REG. June 7-54	REGISTRAR'S SIGNATURE Maudie Williams	462	25. FUNERAL DIRECTOR'S SIGNATURE Stanberry	ADDRESS Stanberry Mo.
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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.....

Leroy F. Phillips

Licensed Embalmer No. *1898*

P. O. Address *St. Louis, 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.