

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26130

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>224</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Mahaska</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oskaloosa</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8140 9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>C.</u> b. (Middle) <u>O.</u> c. (Last) <u>Cooper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 12, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>3</u> WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>11-17-1885</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SWITENMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>Oskaloosa Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>NATHAN COOPER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA HELTON</u>		14. NAME OF HUSBAND OR WIFE <u>MARY COOPER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY COOPER, EDDYVILLE IOWA</u> ADDRESS _____			
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) <u>Massive pulmonary artery occlusion</u> ANTECEDENT CAUSES <u>secondary to pelvic vessel thrombosis</u> DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>604x</u> II. OTHER SIGNIFICANT CONDITIONS <u>Benign prostatic hypertrophy</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Fatty degeneration of liver, etc.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
19a. DATE OF OPERATION <u>8/9/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy by enucleation</u> <u>Removal of bladder stones</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug. 2, 1954</u> , to <u>Aug. 12, 1954</u> , that I last saw the deceased alive on <u>Aug. 12, 1954</u> , and that death occurred at <u>9:10 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul Hager</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>8/12/54</u>	
24a. DATE OF REMOVAL (Specify) <u>8-12-54</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Oskaloosa Iowa</u>	
DATE REC'D BY LOCAL REG. <u>8-12-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Hager</u> ADDRESS <u>Kirksville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1954
AUG 25 1954

OCT 24 1962

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Harold V. Kegal

Signed

Student Embalmer

Licensed Embalmer No. *4246*

P. O. Address

Berksville, 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.