No. 300
10.48

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

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26807

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 822

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: Stockton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0 204

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle): Keith
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): 8 - 29 - 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-28-34
9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days / IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): Dade County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Coy Cooper
13b. MOTHER'S MAIDEN NAME: Bessie Gothard
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Bessie Cooper

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary paralysis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Concussion
DUE TO (c) Traumatic Cerebral Injury

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Skull Fracture — E8240 33

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Madison, Cedar, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 26 54 3 P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall from a moving truck

22. *I hereby certify that I attended the deceased from* 8-26, 1954, *to* 8-29, 1954, *that I last saw the deceased alive on* 8-29, 1954, *and that death occurred at* 2:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard Wetzel (Degree or title) DO
23b. ADDRESS: 700 E. Sunshine
23c. DATE SIGNED: 8-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8/29/1954
24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN
24d. LOCATION (City, town, or county) (State): STOCKTON, MISSOURI

DATE REC'D BY LOCAL REG.: 8-30-54
REGISTRAR'S SIGNATURE: Earth Williamson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: HERMAN LOHMEYER FUNERAL HOME

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Steve C. Hunter

Licensed Embalmer No. 475

P. O. Address Springfiel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.