

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29919**Registrar's No. **504**

XC-196 58 47

RN-7412
FILED OCT 14 1954

BIRTH NO.

REG. DIST. NO. **43**PRIMARY REG. DIST. NO. **3007**

Registrar's No.

I. PLACE OF DEATH

a. COUNTY

Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Stoddard

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Poplar Bluff

c. LENGTH OF STAY (in this place) (township)

6 days

c. CITY OR TOWN

Bernie

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

VA Hospital

e. STREET ADDRESS (If rural, give location)

General Delivery

1030
1

3. NAME OF DECEASED (Type or Print)

CLAUDE

a. (First)

b. (Middle)

LOWERY

c. (Last)

COOPER

4. DATE OF DEATH (Month) (Day) (Year)

October 1, 1954

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 16, 1894

9. AGE (In years last birthday)

60

IF UNDER 1 YEAR Months

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and State or Foreign Country)

Walnut Ridge, Arkansas

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

JAMES W. COOPER

13b. MOTHER'S MAIDEN NAME

AMINDA E. HUNT

14. NAME OF HUSBAND OR WIFE

MADGE COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME

VA HOSPITAL RECORDS

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1954, to Oct. 1, 1954, and that death occurred at 9:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE

R. D. TURNER, M.D.

(Degree or title)

23b. ADDRESS

VA Hospital
Poplar Bluff, Mo.

23c. DATE SIGNED

10-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

10-4-54

24c. NAME OF CEMETERY OR CREMATORY

Bernie

24d. LOCATION (City, town, or county)

Bernie, Missouri

(State)

DATE REC'D. BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

10/6/54

R. D. Turner

Strickland-Rainey

Dexter, Mo.

RECEIVED
OCT 11 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Lucille Rainey, Student Embalmer No. 508 working under my personal supervision..

Student: Lucille Rainey
Signature of Student Embalmer

Signed: J. E. Stuebel

Licensed Embalmer No. 3479

P. O. Address Butte MT

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.