

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30001**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **354**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital		e. STREET ADDRESS (If rural, give location) 321 A South Spanish Street	

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First) B.	b. (Middle) COOPER	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) September 23, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 19, 1884	9. AGE (In years last birthday) 70	10. MONTHS 1	11. DAYS 4	12. HOURS 4	13. MIN. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Beaucour, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Ruben Bardmas	13b. MOTHER'S MAIDEN NAME Charlotte Sterling	14. NAME OF HUSBAND OR WIFE Ralph H. Cooper
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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. No	17. INFORMANT'S SIGNATURE OR NAME Ralph H. Cooper	ADDRESS Cape Girardeau, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis		years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **July 22, 1954**, to **Sept 23, 1954**, that I last saw the deceased alive on **Sept 13, 1954**, and that death occurred at **Litell, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE R. M. Stevenson	(Degree or title) D.O.	23b. ADDRESS 202-06 Husey City	23c. DATE SIGNED Sept 24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG. 9-24-54	REGISTRAR'S SIGNATURE Cal. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Walter Sumner	ADDRESS Funeral Home Cape Gir., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

64 0

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 *Virgil H. Welch*.....

Licensed Embalmer No. *4102*

P. O. Address *Cape Swan*

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.