

No. 300		FILED SEP 21 1954				STANDARD CERTIFICATE OF DEATH				State File No. 30446			
BIRTH NO.		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 5560		Registrar's No. 22							
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY Howell					a. STATE Missouri			b. COUNTY Howell					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Star Rt., Willow Spgs)			c. LENGTH OF STAY (in this place) Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Star Route, Willow Springs.								
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home					d. STREET ADDRESS (If rural, give location) 0460								
3. NAME OF DECEASED (Type or Print)			a. (First) Pearl		b. (Middle) Cox		c. (Last) COOPER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17, 1906		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours 14	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Cox			13b. MOTHER'S MAIDEN NAME Bessie Nease			14. NAME OF HUSBAND OR WIFE Herbert W. Cooper							
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 ADDRESS H.W.Cooper, Star Rt, Willow Spgs., Mo							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH				
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) ADENOCARCINOMA, RIGHT BREAST, METASTATIC											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (b) _____											
		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 170 X							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4/12 , 1954, to 9-1-54 , 19____, that I last saw the deceased alive on 8/31 , 1954, and that death occurred at 6 A. m. , from the causes and on the date stated above.													
23a. SIGNATURE Dr. M. B. Perkins, M.D. (Degree or title)					23b. ADDRESS Willow Springs, Mo.			23c. DATE SIGNED 9-3-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-54		24c. NAME OF CEMETERY OR CREMATORY Nease Cemetery			24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.						
DATE REC'D BY LOCAL REG. 9/18/54		REGISTRAR'S SIGNATURE 387 Marshall Ballew			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BURNS FUNERAL HOME? WILLOW SPGS., MO.								

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

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
Student Embalmer

Student Embalmer No.


Thomas R. Burns

Signed

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.