

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41659**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **4-55-**

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY McDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINEVILLE		c. CITY OR TOWN PINEVILLE	
c. LENGTH OF STAY (in this place) 2 YRS.		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 NONE		STREET ADDRESS (If rural, give location) 0600	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) E c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) 12-31-54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-31-1874	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 11 IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) CLINTON - MO	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME ALEXANDER COOPER			
13b. MOTHER'S MAIDEN NAME ANNA VANDERPOOL		14. NAME OF HUSBAND OR WIFE EDITH COOPER			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 515-01-0210	17. INFORMANT'S SIGNATURE OR NAME EDITH COOPER		ADDRESS PINEVILLE 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lip with metastases		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 140x	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) Pineville McDonald Mo.
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?

22. I hereby certify that I attended the deceased from **11/10**, 19**54**, to **12/30**, 19**54**, that I last saw the deceased alive on **12/30**, 19**54**, and that death occurred at **5 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Payne (Degree or title) MD	23b. ADDRESS Noel, Missouri	23c. DATE SIGNED 1/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-2-55	24c. NAME OF CEMETERY OR CREMATORY PINEVILLE
24d. LOCATION (City, town, or county) (State) PINEVILLE MO.		

DATE REC'D BY LOCAL REG. 1-5-55	REGISTRAR'S SIGNATURE Mayme Humphrey	423	25. FEDERAL DIRECTOR'S SIGNATURE F. M. Humphrey	ADDRESS Pineville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. P. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Noel 71*

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.