

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

DR. H. SILSBY  
State File No. **821**  
Registrar's No. **32**

No. 300  
10.48

**FILED JAN 17 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **32**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>GREENE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 MONTHS</b>		e. STREET ADDRESS (If rural, give location) <b>2216 N. LEWIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2216 N. LEWIS</b>		f. STREET ADDRESS <b>2216 N. LEWIS</b>	

**3. NAME OF DECEASED** (Type or Print) a. (First) **JAMES** b. (Middle) **R.** c. (Last) **COOPER** **4. DATE OF DEATH** (Month) (Day) (Year) **JAN. 11 1955**

**5. SEX** **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **NEVER MARRIED** **8. DATE OF BIRTH** **MAY (?) 1886** **9. AGE** (In years last birthday) **68** **IF UNDER 1 YEAR** Months **0** Days **0** **IF UNDER 24 HRS.** Hours **0** Min. **0**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **FARMER** **10b. KIND OF BUSINESS OR INDUSTRY** **FARMER** **11. BIRTHPLACE** (City and State or Foreign Country) **ROMANCE, MISSOURI** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **JIM COOPER** **13b. MOTHER'S MAIDEN NAME** **NANCY DOVE** **14. NAME OF HUSBAND OR WIFE** **X**

**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.** **?** **17. INFORMANT'S SIGNATURE OR NAME** **MRS. LORA ESLINGER** **ADDRESS** **SPRINGFIELD, MO.**

**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** **30 min**

**ANTECEDENT CAUSES** **arteriosclerosis** **unknown**

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

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** \_\_\_\_\_ **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.) **Springfield Greene Mo** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Springfield Greene Mo**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) (m.) \_\_\_\_\_ **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** **Jan 12, 1954**, to **Jan 11, 1955**, that I last saw the deceased alive on **Jan 3, 1955** and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree of title) **[Signature]** **23b. ADDRESS** **609 Cherry St.** **23c. DATE SIGNED** **Jan 12 1955**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **REMOVAL** **24b. DATE** **1/12/55** **24c. NAME OF CEMETERY OR CREMATORY** **JACKSON CEMETERY** **24d. LOCATION (City, town, or county) (State)** **ROMANCE, MISSOURI**

**DATE REC'D BY LOCAL REG.** **1-14-55** **REGISTRAR'S SIGNATURE** **[Signature]** **25. SIGNATURE OF REGISTRAR** **[Signature]** **ADDRESS** **SPRINGFIELD, MO.**

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

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**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 *H. Mc Carr*.....

Licensed Embalmer No. *272*.....

P. O. Address *Springfield*.....

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.