

FILED JUN 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17459

State File No. _____
Registrar's No. 10

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148

1. PLACE OF DEATH a. COUNTY Stoddard		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 Aid		c. CITY OR TOWN Aid	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) 55 yrs.		e. STREET ADDRESS (If rural, give location) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) SUSAN c. (Last) FRANK			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR: Months 4 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James B. Cooley	13b. MOTHER'S MAIDEN NAME Elizabeth Roark	14. NAME OF HUSBAND OR WIFE John D. Frank
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 Paul Frank, Lemar, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		
	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	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)	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 June, 1954, to 17 May, 1955, that I last saw the deceased alive on 17 May, 1955, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE L. Waddell MD (Degree or title)	23b. ADDRESS Lexington Mo	23c. DATE SIGNED 28 May 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20-1955	24c. NAME OF CEMETERY OR CREMATORY Harper cemetery	24d. LOCATION (City, town, or county) (State) Aid, Missouri
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DATE REC'D BY LOCAL REG. June 1, 55	REGISTRAR'S SIGNATURE Levin E. Mooney 510-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.
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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, & by Lulu Cooper #3499..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Juan E. Cooper.....
Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.