

FILED AUG 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 22602

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY OR TOWN <i>Carthage</i>		c. CITY OR TOWN <i>Carthage</i>	
c. LENGTH OF STAY (in this place) <i>70 years</i>		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 <i>375 Kansas Ave.</i>		STREET ADDRESS (If rural give location) <i>375 Kansas Ave.</i>	

3. NAME OF DECEASED s. (First) <i>Joseph</i> b. (Middle) <i>Henry</i> c. (Last) <i>Cooper, Sr.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 29 1955</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>	
8. DATE OF BIRTH <i>6-21-1889</i>		9. AGE (in years) (last birthday) <i>66</i>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Railroad</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroading</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Alabama</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Joseph H. Cooper</i>		13b. MOTHER'S MARDEN NAME <i>Berit Knud</i>		14. NAME OF HUSBAND OR WIFE <i>Thevera Lybger Cooper</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-18-1902</i>		17. INFORMANT'S SIGNATURE OR NAME <i>J.H. Cooper</i> ADDRESS <i>Carthage Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gun shot wound head fatal</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>976X</i>			<i>Instantaneous</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Jasper - Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Carthage Jasper Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>7 29 5T 6Pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Shot by red head with .40 gauge shotgun</i>	

22. I hereby certify that I attended the deceased from *mid no. hospital*, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. Wheeler, Sr. Coron. Jasper County</i>		23b. ADDRESS <i>Jasper Mo</i>		23c. DATE SIGNED <i>7/30/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 2 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Park Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Carthage Mo.</i>		DATE REC'D BY LOCAL REG. <i>8-1-55</i>		REGISTRAR'S SIGNATURE <i>E. M. Christol</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Knell Workman</i>		ADDRESS <i>Jasper Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

County First Number
Date Filed **AUG 11 1955**

FEB 14 1957

SEP 8 1955

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 *Frank W. Kuel*.....

Licensed Embalmer No. *444*
P. O. Address *Garbage*.....

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.