

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32607**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 322	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		d. STREET ADDRESS (If rural, give location) 1135 E. McCarty, St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				3. NAME OF DECEASED (Type or Print) a. (First) Henry Thomas b. (Middle) Cooper c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1955		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 8, 1876		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR 3 Months 4 Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car salesman		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (City and State or Foreign Country) Cooper Hall, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Thomas Cooper		13b. MOTHER'S MAIDEN NAME Elizebeth Ousley		14. NAME OF HUSBAND OR WIFE Mrs Louie O. Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-09-9321		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Louie O. Cooper Jefferson City, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Senile Arteriosclerotic Nephrosclerosis, with Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease, Generalized DUE TO (c) Prostatic Hypertrophy with urinary obstruction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 10 yrs 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		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) (Min.)		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 6-26 , 19 55 to 11-12 , 19 55 , that I last saw the deceased alive on 11-12 , 19 55 , and that death occurred at 10:30 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Rendell P. Clark, M.D. (Degree or title)				23b. ADDRESS 676 East High Jefferson City, Mo.		23c. DATE SIGNED 11-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 14 Nov 1955		REGISTRAR'S SIGNATURE R. P. Harris MA		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buesch		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Victor Bensch

Licensed Embalmer No. 3701

P. O. Address Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.