

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41226

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Mt. Vernon, Mo</u>	c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>	c. CITY OR TOWN <u>Mt. Vernon</u>	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 <u>506 E. Center St.</u>		STREET ADDRESS (If rural, give location) <u>506 E. Center St. 050</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Orin</u> c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec - 29 - 1955</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May - 5 - 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ice Plant Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Making</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>George Peter Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Cooper</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-39-0227</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Cooper Mt. Vernon Mo</u>	ADDRESS <u>Mt. Vernon Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Mandible</u>		INTERVAL BETWEEN ONSET AND DEATH <u>67 mo.</u> <u>3 mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases to neck, chest, etc</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>196X</u>			

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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 8/23 1955, to 12/29, 1955, that I last saw the deceased alive on 12/19, 1955, and that death occurred at 20 m., from the causes and on the date stated above.

22a. SIGNATURE <u>Kenneth Glover</u> (Degree or title) _____	23. ADDRESS <u>Mt. Vernon, Mo</u>	23c. DATE SIGNED <u>1/31/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec - 31 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 1/2 mi. South Mt. Vernon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Fausch</u>	ADDRESS <u>Mt. Vernon Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JAN 11 1950

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

Student.....
Signature of Student Embalmer

Signed *W. H. Fassett*.....

Licensed Embalmer No... *22*

P. O. Address *W. H. Fassett*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.