

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7957

FILED MAR 27 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>2 Mons.</u>		c. CITY OR TOWN <u>Mexico</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>827 North Jefferson St.</u>				e. STREET ADDRESS (If rural, give location) <u>827 North Jefferson St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) XXXXXXXX <u>Fannie</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>Cooper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 6, 1876</u>		9. AGE (In years last birthday) <u>80</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>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At. Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hillborough, Ohio</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oscar Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Elizabeth Rogers</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>none</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J.R. Runyon Lawrence, Kansas</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner case with out Jury; The deceased died suddenly unattended by a physician, no evidence of violence or foul play or poison</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stopping the underlying cause last.</u> The nearest of kin available <u>J. R. Runyon a Grandson of the deceased</u> waived the necessity of a jury. II. OTHER SIGNIFICANT CONDITIONS <u>All indications pointed to a heart condition.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>ion.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4343</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>none</u>		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 <u>Conerers, Investigation with, but I was the deceased alive on</u> <u>Died 3/18/1956</u> , and that death occurred at <u>4:55 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. C. Adams M.D. Ch.</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>3/19/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/20/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar 19 1956</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold Funeral Home Mexico, Mo.</u>					

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

9-0

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..... *Ray Miller*

Licensed Embalmer No. *449*

P. O. Address *Maple*

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.