

FILED JUL 16 1956

STANDARD CERTIFICATE OF DEATH

20151
STATE FILE NUMBERRegistration District No. 128 Primary Registration District No. 2000 Registrar's No. 634

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Louisiana b. COUNTY Orleans	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		c. CITY OR TOWN New Orleans	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		d. STREET ADDRESS 620 Julia Street	
Length of stay in lb 6 mos 22 days		(If outside, give location) 8178	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Lee W. Cooper			4. DATE OF DEATH July 12 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	
8. DATE OF BIRTH September 8, 1906		9. AGE (In years last birthday) 49		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Novelties		11. BIRTHPLACE (City and state or country) Deepwater, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Cooper		14. MOTHER'S MAIDEN NAME Lena (?) Cooper	
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. Unknown		17. INFORMANT FIIE, M.C.F.P., Springfield, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition			INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Hepatic insufficiency		
			DUE TO (c) Laennec's cirrhosis of liver		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? 5811 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -----			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		-----			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----		20f. CITY, TOWN, OR LOCATION COUNTY STATE -----	

21. The medical staff attended the deceased from 12-20-55 to July 12, 1956 and last saw him alive on July 12, 1956 Death occurred at 1:32 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. C. Kinck		22b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Mo.		22c. DATE SIGNED 7-12-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		23b. DATE 7-13-56		23c. NAME OF CEMETERY OR CREMATORY Osceola, No	
24. FUNERAL DIRECTOR Goodrich FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 7-13-56		23d. LOCATION (City, town, or county) (State) Osceola, Missouri	
26. REGISTRAR'S SIGNATURE Edith Williamson					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Robert E. Muhlema

Licensed Embalmer No. 4

P. O. Address *Spring*

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.