

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21188

State File No. _____

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <p align="center">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Hannibal</p>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <p align="center">Hannibal</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Levering Hospital</p>		e. STREET ADDRESS (If rural, give location) <p align="center">R F D # 2</p>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Benjamin I.	b. (Middle) Franklin	c. (Last) Cooper	(Month) June	(Day) 4,	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 18, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 16	IF UNDER 2 HRS. Hours 	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lancaster City Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Nelson Todd Cooper	13b. MOTHER'S MAIDEN NAME Elizabeth Mann	14. NAME OF HUSBAND OR WIFE Mabel Shuck Cooper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Frank Cooper	ADDRESS Hannibal Missouri
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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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis right		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 332x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 3-24-51, 19 , to 6-4-56, 19 , that I last saw the deceased alive on 6-4-56, 19 , and that death occurred at 9:55P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M. D.	23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 6-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 6-7-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

189
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RECEIVED JUN 16 1956
MARION CO. HEALTH DEPT.
DATE FILED JUN 16 1956

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.....
W. C. Crawford Smith

Licensed Embalmer No..... 781

P. O. Address Hannibal, Miss

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.