No. 300
10.48

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

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21334

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARYVILLE Mo.
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Nodaway
c. CITY OR TOWN: Burlington Jct.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6 Mi. North East

0740
0

3. NAME OF DECEASED (Type or Print): a. (First) Nellie b. (Middle) May c. (Last) Cooper

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1885

9. AGE (In years last birthday): 71 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and State or Foreign Country): Nodaway County Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Irvin Peery

13b. MOTHER'S MAIDEN NAME: Nancy Gray

14. NAME OF HUSBAND OR WIFE: John M. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: John M. Cooper Burlington Jct. Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious anemia — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

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 Chronic Myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 2900

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/10, 1956, *to* 6/12, 1956 *that I last saw the deceased alive on* 6/11, 1956 *and that death occurred at* 6 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. F. Bland — (Degree or Title): M.D.

23b. ADDRESS: Maryville Mo

23c. DATE SIGNED: 6/14/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 13, 1956

24c. NAME OF CEMETERY OR CREMATORY: Workman Chapel

24d. LOCATION (City, town, or county) (State): Burlington Jct. Mo.

DATE REC'D BY LOCAL REG.: 6-16-56

REGISTRAR'S SIGNATURE: Bess Hall

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Price Funeral Home Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

29-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

-working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Curtis C. Kenley

Licensed Embalmer No. 49

P. O. Address Maryvil

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