

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1956

STATE FILE NO. 34299

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 466

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 71 ByPass & Courtney Rd.		Length of stay in 1b	d. STREET ADDRESS RR 2		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Earl Middle Edward Last Cooper			4. DATE OF DEATH Month Oct. Day 19 Year 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1935		9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Inspector		10b. KIND OF BUSINESS OR INDUSTRY State of Missouri		11. BIRTHPLACE (City and state or country) Carrollton, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME James P. Cooper		
14. MOTHER'S MAIDEN NAME Bertie E. Bowlen			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. 500 38 2281		17. INFORMANT James P. Cooper, Independence, Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Head & Chest					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Autopsy & Inspection					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Car Truck Turned Over			
20c. TIME OF INJURY Hour 5:00 Month 10 Day 1956 Year 1956 a. m. 00 p. m. 00					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Independence COUNTY Mo. STATE Mo.	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hugh A. Owens (Degree or title)		22b. ADDRESS 1034 Bunker Bldg		22c. DATE SIGNED 10-22-56	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/23/56		23c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.	
23d. LOCATION (City, town, or county) Independence, Mo.		23e. LOCATION (State) Mo.			
24. FUNERAL DIRECTOR Geo. C. Carson ADDRESS Independence, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-56		26. REGISTRAR'S SIGNATURE James P. Cooper	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *J. H. Gibson*.....

Licensed Embalmer No. *48*.....

P. O. Address *Indep., T*.....

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.