

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37771

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 320

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|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. LENGTH OF STAY (in this place) <u>7 days</u> | c. CITY OR TOWN <u>Deepwater</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u> | | | | | |
| e. STREET ADDRESS (If rural, give location) <u>0420</u> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>MIRTEN</u> c. (Last) <u>COOPER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26-1956</u> | | |
|---|--|--|---|--|--|

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|--------------------|-------------------------------|--|--|--|---------------------------|--------------------------|--------------------------|--------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec; 29, 1869</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Elija M. Cooper</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Family Record</u> | | | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> |
| | ANTECEDENT CAUSES As forbid 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. <u>macrocytic hypochromic anemia</u> | | | | <u>8 months</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | 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) | |
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| 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? | | |
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22. I hereby certify that I attended the deceased from Nov. 19 50, to Nov. 26, 19 56, that I last saw the deceased alive on Nov 24, 19 56, and that death occurred at 5:10 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>S. B. Hughes</u> | | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Clinton Mo</u> | | 23c. DATE SIGNED <u>11/26/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/28/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u> | 24d. LOCATION (City, town, or county) (State) <u>Lowry City Mo.</u> | | |
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| DATE REC'D BY LOCAL REG. <u>11-26-56</u> | REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James Francis James</u> | | | ADDRESS <u>Home Care Co. Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Pevesh*

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.