

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 72

FILED JAN 8 1957

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5024 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clark Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clark Twp) <i>0030</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) Tom	a. (First)	b. (Middle)	c. (Last) Cooper	4. DATE OF DEATH (Month) (Day) (Year) 1-3-1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-12-1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 21	IF UNDER 60 MINS. Hours 	IF UNDER 15 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Atchison County, Mo.,	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Thomas Cooper	13b. MOTHER'S MAIDEN NAME Hilka Gronewald	14. NAME OF HUSBAND OR WIFE Clara Comba 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) no	16. SOCIAL SECURITY NO. 497-40-6026	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Cooper	ADDRESS Fairfax, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 mins
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis		
	DUE TO (c)		
11. 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? 2 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 1954, 1954, to 1-3, 1957, that I last saw the deceased alive on 12-27, 1956, and that death occurred at 1:00pm., from the causes and on the date stated above.

23a. SIGNATURE E. G. Little, M.D. (Degree or title)	23b. ADDRESS Rock Port, Mo.	23c. DATE SIGNED 1-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-1957	24c. NAME OF CEMETERY OR CREMATORY English Grave	24d. LOCATION (City, town, or county) (State) Fairfax, Mo.
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DATE REC'D BY LOCAL REG. 1/4/1957	REGISTRAR'S SIGNATURE Marvin H. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, Rock Poty. Mo	ADDRESS
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1951

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 _____
Student Embalmer

Signed Geat Barchatow

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.