

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4414**

FILED FEB 19 1957

BIRTH NO.		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>204</b>		
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (in this place) <b>6 Days</b>		c. CITY OR TOWN <b>Meadville</b> <b>0580</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Collers Hospital</b>				e. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle) <b>Frances</b>		c. (Last) <b>Cooper</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 15 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>October 30 1883</b>		9. AGE (In years last birthday) <b>73</b>	10. MONTHS <b>2</b>	11. DAYS <b>15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sullivan County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Charley Browning</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Pridemore</b>		14. NAME OF HUSBAND OR WIFE <b>Grover Cooper</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Irene Turner, Linn Co. Mo.</b> ADDRESS				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>adhesions</b>				1 <b>10X</b>
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) <b>570.5</b> (COUNTY) (STATE) <b>MO</b>				
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 <b>Jan 3, 1957</b> , to <b>Jan 15, 1957</b> , that I last saw the deceased alive on <b>Jan 15, 1957</b> , and that death occurred at <b>9:25 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>E. J. Robertson</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Wentworth Mo</b>		23c. DATE SIGNED <b>1-16-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/18/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Purdin Mo</b>			
DATE REC'D BY LOCAL REG. <b>1-18-57</b>		REGISTRAR'S SIGNATURE <b>Irene Turner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Robertson</b>		ADDRESS <b>Funeral Home Laredo</b>		

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

FEB 20 1957

SEP 10 1958

**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. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Loreels, Pa.*

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.