

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10093

STATE FILE NUMBER

2425

FILED APR 12 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
M. B. ...

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL Length of stay in lb 95 DAYS		d. STREET (If outside, give location) ADDRESS 2711 GLASGOW Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE COOLEY		4. DATE OF DEATH Month Day Year 3-9-57	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-2-26
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOSPITAL AIDE		10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (City and state or country) SIKESTON MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME PAUL COOLEY	
14. MOTHER'S MAIDEN NAME MARY SHANNON		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 11	
16. SOCIAL SECURITY NO. 469-24-2910		17. INFORMANT Address MISSOURI VA HCS P. RECORDS, 915 N. GRAND, ST LOUIS.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 260x			INTERVAL BETWEEN ONSET AND DEATH Unk. Unk.
19a. ACCIDENT <input type="checkbox"/>	19b. SUICIDE <input type="checkbox"/>	19c. HOMICIDE <input type="checkbox"/>	19d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20a. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 12-4-56 to 3-9-57 and last saw deceased live on 3-9-57 Death occurred at 6:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ade ... M. D.		22b. ADDRESS VA HOSPITAL, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 3-10-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 3-18-1957		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney Ave.	
25. DATE RECD. BY LOCAL REG. MAR-11-57		26. REGISTRAR'S SIGNATURE Carl Smith Mo	

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 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.....
Signature of Student Embalmer

Signed *Melvin E. Green*

Licensed Embalmer No. *44*

P. O. Address *St. Louis*

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.