

RECEIVED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 0 8 4  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 days</b>		e. STREET ADDRESS (If rural, give location) <b>402 North Grand</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HENRY</b>	b. (Middle) <b>B.</b>	c. (Last) <b>COOPER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 7, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Morgan County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mark Cooper</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Anderson Cooper</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gordon L. Cooper</b>	ADDRESS <b>330 N. Grand, Sedalia, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1957, to 30 June, 1957, that I last saw the deceased alive on 30 June, 1957, and that death occurred at 11:01 a.m., from the causes and on the date stated above.

22. SIGNATURE <b>Chas. R. Riege M.D.</b> (Degree or title)	23. ADDRESS <b>1216 West 8th St. Sedalia, Mo.</b>	23c. DATE SIGNED <b>1 July 57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/2/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Longwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Longwood, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-2-57</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thane Brown</b>	ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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..... *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Soclelia*

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.