

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34567**

FILED OCT 2 1957

BIRTH NO. _____ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Pike		c. LENGTH OF STAY (in this place) yrs.	c. CITY OR TOWN Bloomfield
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Route # 1	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) M.	c. (Last) COOPER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21, 1957
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5. SEX D M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH SEPT. 14, 1957	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months -- Days 7	IF UNDER 18 HRS. Hours -- Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Crop farming	11. BIRTHPLACE (City and State or Foreign Country) Near Bloomfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Cooper	13b. MOTHER'S MAIDEN NAME Kate Hendley	14. NAME OF HUSBAND OR WIFE Deceased (Clara 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. No.	17. INFORMANT'S SIGNATURE OR NAME Ralph Cooper, Bloomfield, Mo.	ADDRESS R # 1
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - left side		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c)		2 years
II. 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 331x	20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input 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)
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 **9-18-1957**, to **9-21-1957**, that I last saw the deceased alive on **9-21-1957**, and that death occurred at **12:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James O. Cameron	(Degree or title) D.O.	23b. ADDRESS Bloomfield - Mo	23c. DATE SIGNED 9-24-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 23-57	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri
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DATE/REC'D BY LOCAL REG. 9/26/57	REGISTRAR'S SIGNATURE Bernice Moore	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.
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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, & of by Lulu Cooper # 3499, ~~Student Embalmer No. XX~~

~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed Lulu Cooper.....
Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.