

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43749**

FILED JAN 3 1958

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4087		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill b. COUNTY			
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Van Buren		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Brighton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) R.R. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Lee c. (Last) Cooper				4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Jan 4 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Alton Ill		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Harold Cooper				13b. MOTHER'S MAIDEN NAME Joann Johnson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Harold Cooper		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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c) 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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 7630	
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 Dec 24 , 1957, to Dec 24 , 1957, that I last saw the deceased alive on Dec 24 , 1957, and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank J. Pucinski, D.O.				23b. ADDRESS Van Buren Mo		23c. DATE SIGNED 12-26-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-57		24c. NAME OF CEMETERY OR CREMATORY Brane Cemetery		24d. LOCATION (City, town, or county) (State) Carter Co Mo	
DATE REC'D BY LOCAL REG. Dec. 31, 57		REGISTRAR'S SIGNATURE Mrs. Octa Henson		25. FUNERAL DIRECTOR'S SIGNATURE Seaton Pruitt		ADDRESS Van Buren Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

from family

50

RECEIVED

JAN 2 1958

CARTER COUNTY
HEALTH CENTER

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 *Seaton Pruitt*

Licensed Embalmer No. *2287*

P. O. Address *Van Buren*

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.