V.S. No. 300
Rev. 10.48

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

XC 17 863 519
CF: Kansas City, Mo.

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

State File No. 46797

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3019

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 149 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHAWNEE
d. STREET ADDRESS (If rural, give location): 5640 QUIVERA LAKE ROAD

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHARLES
b. (Middle): B.
c. (Last): COOPER

**4. DATE OF DEATH** (Month) (Day) (Year): 11-28-57

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): DIVORCED
**8. DATE OF BIRTH**: 7-16-1889
**9. AGE** (In years last birthday): 68 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CLEANER - PRESSER
**10b. KIND OF BUSINESS OR INDUSTRY**: DRY CLEANING
**11. BIRTHPLACE** (City and State or Foreign Country): WAXAHACHIE, TEXAS
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: HARRIS BOSWELL COOPER
**13b. MOTHER'S MAIDEN NAME**: MATTIE MOORE
**14. NAME OF HUSBAND OR WIFE**: --Divorced--
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I
**16. SOCIAL SECURITY NO.**: 495 05 7254
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: VA HOSPITAL RECORDS, JEFF. BRKS. MO.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO (c) LEUTIC DISEASE WITH ACUTE ANEURYSM

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* PULMONARY TUBERCULOSIS, ACTIVE

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ 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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 7-2-57, 19___, *to* 11-28-57, 19___, *and that death occurred at* 1:15 a *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: K. J. Kemp (Degree or title) M.D.
**23b. ADDRESS**: JEFFERSON BARRACKS, MISSOURI
**23c. DATE SIGNED**: 11-29-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 12-2-57
**24c. NAME OF CEMETERY OR CREMATORY**: National Cemetery
**24d. LOCATION** (City, town, or county) (State): Jefferson Barracks, Missouri

**DATE REC'D BY LOCAL REG.**: 12-1-57
**REGISTRAR'S SIGNATURE**: Herbert R. Wendle MD
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Fendler Mortuary, 5611 S. Grand, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 ..... Student Embalmer

Signed Stanley F. Fuller Jr

Licensed Embalmer No. 14950

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 this body is not embalmed, fact should be so stated above.