S. No. 300
V. 10.48

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

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005193
State File No.

BIRTH NO. _____ REG. DIST. NO. 2000 PRIMARY REG. DIST. NO. 5465 Registrar's No. 110A

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 11 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 11, Box 1275 Springfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark.
b. COUNTY: Boone
c. CITY OR TOWN: Harrison
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route 6 8308

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): S.
c. (Last): Cooper

4. DATE OF DEATH (Month): 1 (Day): 31 (Year): 58

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/17/1867
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Washburn, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Kate Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ernest Cooper — ADDRESS: Everton, Ark.

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) Cardio - Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 442X
20. AUTOPSY? YES ☐ NO ☒

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* 1-31, 1958, *to* 1-31, 1958 *that I last saw the deceased alive on* 1-31, 1958, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Springfield MD
23c. DATE SIGNED: 2-7-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/3/58
24c. NAME OF CEMETERY OR CREMATORY: Maplewood
24d. LOCATION (City, town, or county) (State): Harrison, Arkansas

DATE REC'D BY LOCAL REG.: 2-13-58
REGISTRAR'S SIGNATURE: Effie G Melton
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] **ADDRESS**: Harrison, Ark.

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1061

P. O. Address Hum Ce

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.