No. 300
10.48

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006614
State File No.

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 5847 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NODAWAY TWP
c. LENGTH OF STAY (in this place): 70 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Burlington Jct
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0740

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): M
c. (Last): COOPER

4. DATE OF DEATH (Month) (Day) (Year): FEB 17 1958

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: MARCH 21 1880
9. AGE (In years last birthday): 77 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): CLEARMONT MISSOURI
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: JOHN N COOPER
13b. MOTHER'S MAIDEN NAME: NANCY ROSS
14. NAME OF HUSBAND OR WIFE: NELLIE PEERY COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): MO
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: JOHN MEEK BURLINGTON JCT MO — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — 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
20. AUTOPSY? YES ☐ NO ☐ 4201

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 _____, 19__, to 2/17/58, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7 p.m. from the causes and on the date stated above.*

23a. SIGNATURE: B. H. Byland MD (Degree or title)
23b. ADDRESS: Maryville MO
23c. DATE SIGNED: 2/20/58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 20, 1958
24c. NAME OF CEMETERY OR CREMATORY: WORKMAN CHAPEL
24d. LOCATION (City, town, or county): NODAWAY TWP (State): MO

DATE REC'D BY LOCAL REG.: 2-28 68
REGISTRAR'S SIGNATURE: Bess Hole
25. FUNERAL DIRECTOR'S SIGNATURE: J. Hann Burl. Jct MO — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 296

P. O. Address Burl Jc

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