

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006743

State File No.

FILED MAR 6 - 1958

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>PAYNESVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 HRS.</u>		f. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANCES</u>	b. (Middle) <u>VIRGINIA</u>	c. (Last) <u>COOPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27, 1958</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>SEPT. 1, 1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady - ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CANTON, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WALKER ROBERTS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WILSON</u>	14. NAME OF HUSBAND OR WIFE <u>HOMER K. COOPER</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-12-8265</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HUSBAND</u>	ADDRESS <u>PAYNESVILLE, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral-vascular accident</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>multiple myeloma</u>		10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331XH</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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)	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 27 Feb, 1958, to 27 Feb, 1958, that I last saw the deceased alive on 27 Feb, 1958, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>John H. Hooper MD</u>	23b. ADDRESS <u>Clarksville, Mo</u>	23c. DATE SIGNED <u>1 March 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 2</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>GREENWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville, Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>March 2, 1958 - Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerhart & Elshery, Mo.</u>	ADDRESS
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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 embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4012
P. O. Address Elmhurst, Ill.

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.