

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011086

STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 291 Primary Registration District No. 5994 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Richland Tmp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville			Length of stay in lb day	d. STREET ADDRESS (If outside, give location) Unionville City			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Aurville Benjamin Cooley				4. DATE OF DEATH Month Day Year Mar. 22 1958			
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 12, 1887		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Putnam Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William B. Cooley				14. MOTHER'S MAIDEN NAME Emily Annah Lipp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 489-40-7829		17. INFORMANT Address Rex Cooley-Unionville, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chest crushed &amp; spinal cord severed at mid dorsal level</i>							INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							9121 3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Tractor overturned while climbing steep bank</i>				
20c. TIME OF INJURY Hour a. m. 8 p. m. 10-15 AM			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>		20e. CITY, TOWN, OR LOCATION COUNTY STATE <i>Unionville Putnam, Mo. 086</i>		
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21. I attended the deceased from Death occurred at <i>10:30</i> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>L. W. McDonald</i>				22b. ADDRESS <i>Unionville, Mo.</i>		22c. DATE SIGNED <i>4-1-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>		23b. DATE <i>3-25-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Martinstown Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Putnam Co. Mo.</i>		
24. FUNERAL DIRECTOR <i>F. O. Husted &amp; Son-Unionville, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>4-5-58</i>		26. REGISTRAR'S SIGNATURE <i>Marcell J. ...</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
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-56  
0760  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. AT  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. 297  
Ramonvil

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