

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029766

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 100

300  
1-57  
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1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Neosho</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sale Memorial Hosp minutes</b>	Length of stay in lb	d. STREET ADDRESS <b>710 N. High St.</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>W.</b> Last <b>Cooper</b>	4. DATE OF DEATH Month <b>Aug.</b> Day <b>28,</b> Year <b>1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 27, 1896</b>	9. AGE (In years last birthday) <b>62</b>	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocerman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Business</b>	11. BIRTHPLACE (City and state or country) <b>Izard County, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Harvey William Cooper</b>	13b. MOTHER'S MAIDEN NAME <b>Mittie Carder</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Cooper</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>557-16-3621</b>	17. INFORMANT <b>Sarah Cooper</b>	Address <b>Neosho, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>unknown</b> DUE TO (c) <b>4201</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>Aug 28-58</b> to <b>Aug 28-58</b> and last saw her/him alive on <b>did not. Dec.</b> Death occurred at <b>4:05 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Meloni C. Bowman M.D. Registrar</b>	22b. ADDRESS <b>Neosho Mo</b>	22c. DATE SIGNED <b>9-5-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept; 1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Neosho, Missouri</b>
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24. FUNERAL DIRECTOR <b>Clark Funeral Home Neosho, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9-8-58</b>	26. REGISTRAR'S SIGNATURE <b>Meloni C. Bowman M.D.</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MISSOURI  
DEPARTMENT OF HEALTH

FORM 8 110

Embalmer's Office No. *Newton*  
District File Number *958-194*  
Date Filed *SEP 18 1958*

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 *Fred L. Clark* .....

Licensed Embalmer No. *5056*  
P. O. Address *312 So. Wood*  
*Neosho, Mo.*

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.