

t. Health,
& Welfare
s. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032497
STATE FILE NUMBER

FILED SEP 18 1958 Registration District No. 144 Primary Registration District No. 4236 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Des Arc		c. CITY OR TOWN Des Arc 0470	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) 0470	

3. NAME OF DECEASED (Type or print) First Middle Last Martha Elizabeth Cooper			4. DATE OF DEATH Month Day Year July 3 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10 1883	9. AGE (In years last birthday) 76	10. F UNDER 1 YEAR <input checked="" type="checkbox"/> Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lesterville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John D. Snodgrass		13b. MOTHER'S MAIDEN NAME Lucy Miller		14. NAME OF HUSBAND OR WIFE John William Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Ernest Gray Piedmont, 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) Encephalomalacia			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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"/>

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Des Arc Iron Co.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Des Arc Iron Co.	20f. CITY, TOWN, OR LOCATION COUNTY STATE Des Arc Iron Co. Mo.
21. I attended the deceased from 7-1-58 to 7-3-58 and last saw her alive on 7-1-58 Death occurred at 12 AM on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) L. E. ...	22b. ADDRESS Piedmont Mo	22c. DATE SIGNED 7-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-58	23c. NAME OF CEMETERY OR CREMATORY Ruble	23d. LOCATION (City, town, or county) (State) Iron Co. Mo.
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24. FUNERAL DIRECTOR ADDRESS William Cooper Piedmont	25. DATE RECD. BY LOCAL REG. 9-1-58	26. REGISTRAR'S SIGNATURE Miss Avis Jones
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. All diseases in Part I must be causally related.

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.