

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039048

STATE FILE NUMBER

FILED DEC 3 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 650

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>IRON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>DES ARC</b> 0470 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>DOCTORS HOSPT.</b> Length of stay in lb <b>3 wks.</b>		d. STREET ADDRESS (If outside, give location) <b>←</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>WILLIAM COOPER</b>			4. DATE OF DEATH Month Day Year <b>NOV. 9 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 14, 1885</b>
9. AGE (In years) <b>73</b> F UNDER 1 YEAR Months <b>1</b> Days <b>7</b> IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION WORKER</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN W. COOPER</b>	
13b. MOTHER'S MAIDEN NAME <b>VICTORIA E. WEINRICH</b>		14. NAME OF HUSBAND OR WIFE <b>MARTHA (GRAY) COOPER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <b>←</b>		16. SOCIAL SECURITY NO. <b>487-14-3346</b>	
17. INFORMANT <b>THOMAS E. COOPER</b> Address <b>15407 SOUTH 7th ST. LOUIS 4, MO.</b>		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>Pulmonary edema &amp; pneumonia</b> DUE TO (b) <b>Myocardial failure</b> DUE TO (c) <b>Gen. Arterio Sclerosis Coronary insuff.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>fracture R. hip.</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>5 da</b> <b>3 weeks</b> <b>?</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.) <b>Fell in home</b>	
20c. TIME OF INJURY Hour a.m. <b>10:12</b> Month, Day, Year <b>58</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Piedmont, Wayne MO</b>	
21. I attended the deceased from <b>10/12/58</b> to <b>11/9/58</b> and last saw <b>him</b> alive on <b>Nov. 8, 1958</b> Death occurred at <b>6:10 AM</b> m of the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. P. Piedmont M.D.</b> (Degree or title)	
22b. ADDRESS <b>Poplar Bluff Mo</b>		22c. DATE SIGNED <b>11/20/58</b>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>BURIAL</b>		23b. DATE <b>11-11-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>PIEDMONT MO.</b>	
24. FUNERAL OR BURIAL HOME ADDRESS <b>GISH FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>11/27/58</b>	
26. REGISTRAR'S SIGNATURE <b>J. Piedmont</b>			

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 Me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Soules.....

Licensed Embalmer No. 4426.....  
P. O. Address Piedmont, N.C......

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.