

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041423

STATE FILE NUMBER

11459

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Flat River <i>0948</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1		Length of stay in lb #1	d. STREET ADDRESS (If outside, give location) 319
3. NAME OF DECEASED (Type or print) First Charles Middle H. Last Cooper		4. DATE OF DEATH Month 11 Day 26 Year 58	
5. SEX male <i>c</i>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
11. BIRTHPLACE (City and state or country) Flat River, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Cooper		13b. MOTHER'S MAIDEN NAME Emma Ferguson	
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. unknown	
17. INFORMANT Mrs. Charles Cooper		Address Elvins, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANoxia			INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) atelectasis - Right Lung			
DUE TO (c) Chronic lung disease <i>527.2</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spontaneous Pneumothorax - surgically drained			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 o.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-23-58 to 11-26-58 and last saw ^{them} him alive on 11-26-58 Death occurred at 8:00P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert P. Plenum M.D.</i> (Degree or title)		22b. ADDRESS 1515 Lafayette Ave.	
22c. DATE SIGNED 11-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11/27/58	
23c. NAME OF CEMETERY OR CREMATORY Wood Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Leadington, Missouri.	
24. FUNERAL DIRECTOR Caldwell, Flat River, Mo.		25. DATE RECD. BY LOCAL REG. NOV 28 '58	
26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Chronic diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300

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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

Lawrence M. Bilko

Licensed Embalmer No. *4375*

P. O. Address: *St. Charles, 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.