Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043685
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 207

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kennett, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dunklin County Memorial Hospital — Length of stay in Ib: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett, Missouri — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1711 Russell St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIAM Middle C. Last COOPER

4. DATE OF DEATH: Month Dec. Day 22, Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 11, 1884
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: W. C. Cooper
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Son Address: Weldon Cooper, Rt. 1, Broseley, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 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): 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1953, to Dec 22, 1958 and last saw her/him alive on Dec 22, 1958
Death occurred at 2:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chester R. Peck M.D.
22b. ADDRESS: Kennett, Mo.
22c. DATE SIGNED: 12/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 24, 1958
23c. NAME OF CEMETERY OR CREMATORY: McCullough Cemetery
23d. LOCATION (City, town, or county) (State): Kennett, Mo. Rt. 2

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo.
25. DATE RECD. BY LOCAL REG.: 12-31-1958
26. REGISTRAR'S SIGNATURE: Earl Hurbard

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT 1-5-59

COUNTY FILE NUMBER 159-334

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Ca

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.