

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000555  
STATE FILE NUMBER

JAN 13 1959 Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 9

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Pleasant Hill</u>           |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Pleasant Hill</u> <u>0190</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>310 N. Taylor</u> |  | Length of stay in lb<br><u>85 yrs.</u>  | d. STREET ADDRESS (If outside, give location)<br><u>300 N. Campbell</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Edna</u> Middle <u>Earl</u> Last <u>Cooper</u> |  |  | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>6,</u> Year <u>1959</u> |  |  |
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| 5. SEX<br><u>F</u> | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 17, 1872</u> | 9. AGE (In years last birthday)<br><u>86</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HRS.<br>Hours <u>  </u> Min. <u>  </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>bookkeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>various</u> | 11. BIRTHPLACE (City and state or country)<br><u>Dolphin, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Orlander Cooper</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Missouri Clay Farrow</u> | 14. NAME OF HUSBAND OR WIFE<br><u>none</u> |
|--|--|--|

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Mrs. Earl Cooper</u> | Address<br><u>Pleasant Hill, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u><br><u>6 yrs.</u>                                |
| DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c) <u>4200</u>  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypertension, essential</u> <u>12 yrs</u> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |
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| 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<br>Hour <u>  </u> Month, Day, Year <u>  </u><br>a.m. <u>  </u> p.m. <u>  </u> |
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| 20d. INJURY OCCURRED WHILE AT WORK <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<br><u>Pleasant Hill, Mo</u> | COUNTY <u>  </u> STATE <u>  </u> |
|--|--|--|----------------------------------|

21. I attended the deceased from Dec 21, 1949, to 1-6-59, and last saw her/him alive on 1-6-59.  
Death occurred at 3:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE<br><u>W Eklebert MD</u> (Degree or title) | 22b. ADDRESS<br><u>Pleasant Hill, Mo</u> | 22c. DATE SIGNED<br><u>1-8-59</u> |
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|  |                            |  |   |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>1/8/59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Pleasant Hill</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Pleasant Hill, Missouri</u> |
|--|----------------------------|--|---|

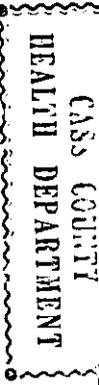
|   |                                      |  |   |
|---|--------------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Brownfield-Stanley</u> | ADDRESS<br><u>Pleasant Hill, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>1-12-1959</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mrs Ray Sebee</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Raymond C. Stanley* .....

Licensed Embalmer No. *5008* .....

P. O. Address *Pleasant Hill* .....

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.