

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000934
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.	Length of stay in lb 46 yrs	d. STREET ADDRESS (If outside, give location) 617 West Locust	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOMER Middle NELSON Last COOPER	4. DATE OF DEATH Month JAN. Day 21, Year 1959
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5. SEX Male 0	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 Sept 16, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Line Dept	10b. KIND OF BUSINESS OR INDUSTRY City Utilities	11. BIRTHPLACE (City and state or country) Springfield, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Cooper	13b. MOTHER'S MAIDEN NAME Alice Warren	14. NAME OF HUSBAND OR WIFE Anna Cooper
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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) no	16. SOCIAL SECURITY NO. 491-03-7241	17. INFORMANT Address Mrs. Anna Cooper, Springfield, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH about 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) UNATTENDED BY A PHYSICIAN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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.) 4201
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 Springfield, Mo	COUNTY _____ STATE _____
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21. I attended the deceased from _____ and last saw him _____
Death occurred at **11 2:40 P^M** m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE James R. Ames, M.D. (Degree or title)	22b. ADDRESS Greene Co. Health Officer, Springfield, Mo	22c. DATE SIGNED 1-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 26 1959	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) Springfield, Mo	(State) _____
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24. FUNERAL DIRECTOR Ralph Thieme, F. H. Springfield, Mo	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 1-26-59	26. REGISTRAR'S SIGNATURE Effie S. Melton
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
L. M. Moore

Licensed Embalmer No. *4568*
P. O. Address *Springfield*

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.