THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005263
STATE FILE NUMBER

FILED FEB 25 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 115 E 8th COUNTY JAIL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY GRUNDY
c. CITY OR TOWN SPICKARD 1400 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAN Middle FOREST Last COOPER
4. DATE OF DEATH: Month FEB Day 1 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MAY-19-1918
9. AGE (In years last birthday) 40 — 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) LABOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MERCER CO. MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM ERNEST COOPER
14. MOTHER'S MAIDEN NAME MARTHA ELVINA THARP
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 488-14-6128
17. INFORMANT MRS. CLAUDE STOTTLEMYRE — Address JAMESON MO RI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hanged by belt around neck — INTERVAL BETWEEN ONSET AND DEATH Instant
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) 974X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 Feb 1-59, to ____ and last saw ~~her~~ ~~him~~ alive on XXX
Death occurred at 2:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a SIGNATURE Donald H Slater (Degree or title) County Coroner
22b ADDRESS Trenton, Mo
22c. DATE SIGNED 2-1-59
23a BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b DATE FEB-3-1959
23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY
23d. LOCATION (City, town, or county) SPICKARD (State) MO.
24 FUNERAL DIRECTOR ADDRESS SCHOOLER FUNERALHOME SPICKARD MO
25. DATE RECD. BY LOCAL REG. 2-3-59
26. REGISTRAR'S SIGNATURE Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 25 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 37

P. O. Address Spickard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.