

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008631
STATE FILE NUMBER 122
Registrar's No. 122

FILED APR 14 1959

Registration District No. 53 Primary Registration District No. 3010

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-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 718 Merriwether		d. STREET ADDRESS (If outside, give location) 718 Merriwether	
3. NAME OF DECEASED (Type or print) First Milton Middle Madison Last Cooper		4. DATE OF DEATH Month March Day 30 Year 1959	
5. SEX Male	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 June 4, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bloomfield, Mo.
13a. FATHER'S NAME Jasper Cooper		13b. MOTHER'S MAIDEN NAME Margaret ?	14. NAME OF HUSBAND OR WIFE Emma Lou Pry
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. NO	17. INFORMANT Address Emma L. Cooper Cape Girardeau, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH 18hr
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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	COUNTY STATE
21. I attended the deceased from August 1955 to April 29, 1959 and last saw him alive on March 29, 1959 Death occurred at 4:05 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Leownd md		22b. ADDRESS Cape Girardeau Mo	22c. DATE SIGNED April 2, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-1959	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 4-4-'59	26. REGISTRAR'S SIGNATURE Drew Kasten

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *W.D. Ford*

Licensed Embalmer No. 5057.....

P. O. Address. Cape Girardeau, 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.