

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010415

STATE FILE NUMBER

FILED APR 1 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 49

300
1-57

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 causally related.

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rolla</u> <u>08120</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial</u>		Length of stay in lb <u>10 days</u>	d. STREET ADDRESS (If outside, give location) <u>1701 Holloway st.,</u>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>JAMES</u> Last <u>COOPER</u>			4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/23/1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>	9. AGE (In years last birthday) <u>56</u>
11. BIRTHPLACE (City and state or county) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie Cooper</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>497-10-2731</u>	17. INFORMANT Address <u>Lottie Cooper 1701 Holloway Rolla, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma of Lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>1621</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. _____			
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	COUNTY STATE
21. I attended the deceased from <u>12-30-58</u> , to <u>3-23-59</u> and last saw ^{her} _{him} alive on <u>3/23/59</u> Death occurred at <u>11:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James M. Myers M.D. C.</u>		22b. ADDRESS <u>Rolla Mo.</u>	22c. DATE SIGNED <u>3/24/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/25/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Rolla, Mo.</u>
24. FUNERAL DIRECTOR <u>Carly Glenn</u>	ADDRESS <u>1100 Elm., Rolla, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 24 1959</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>

County File Number 1272
Date Filed March 31, 1954

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.