Cooper

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5093 59-016697

FILED MAY 18 1959 Registration District No. 25 Primary Registration District No. 6090 STATE FILE NUMBER Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Home — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~Home~~ RFD #5 — Length of stay in this place 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler, Missouri — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R F D 5 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Henry Middle: A Last: Herman
4. DATE OF DEATH Month: 5 Day: 13 Year: 59
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb 25, 1883
9. AGE (In years last birthday): 76 — 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): farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Bates Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Adam Herman
13b. MOTHER'S MAIDEN NAME: Eva Walley
14. NAME OF HUSBAND OR WIFE: Margaret Doll
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Herman Address

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) ACUTE CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY ARTERIO-SCLEROSIS — UNDET.
DUE TO (c) GENERALIZED ARTERIO-SCLEROSIS — UNDET
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1-13-1951 to 5-13-1959 and last saw him alive on 5-13-1959
Death occurred at 12:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John M Cooper (Degree or title) M.D.
22b. ADDRESS Butler Missouri
22c. DATE SIGNED 5-13-1959.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/15/59
23c. NAME OF CEMETERY OR CREMATORY Oakhill
23d. LOCATION (City, town, or county) (State) Butler Mo.
24. FUNERAL DIRECTOR Culver Underwood ADDRESS -Butler Mo
25. DATE RECD. BY LOCAL REG. 5-16-1959
26. REGISTRAR'S SIGNATURE Mrs. Edna Douglass

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler

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