URI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59-038992

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1224

MENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Length of stay in 1b 20yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.Q.A. St. Joseph Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Rt #6 (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle Wilson Last Cooper
4. DATE OF DEATH Month Dec Day 5, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct. 2, 1939
9. AGE (last birthday) 20 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Groc.
11. BIRTHPLACE (City and state or country) St.Joseph,Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Wilson Cooper
13b. MOTHER'S MAIDEN NAME Elizabeth Spencer
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Elizabeth Bolen, Address Long Beach Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Traumatic shock + fracture 1,2,3 cervical vertebrae — INTERVAL BETWEEN ONSET AND DEATH at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2 Car auto collision
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) 2 cars each going in opposite direction. Head on collision
20c. TIME OF INJURY 130 Hour a.m. ~~p.m.~~ Month, Day, Year Dec 5 59
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.) Mo. Kansas Bridge
20f. CITY, TOWN, OR LOCATION St. Joseph COUNTY Buchanan STATE Mo

21. I ~~attended the deceased from~~ viewed body to and last saw ~~her~~ him ~~alive~~ on Dec 5-59
Death occurred at 1:30A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.E. Meluney M.D. Coronor
22b. ADDRESS 214 Kirkpatrick Bld St Joseph 8 Mo
22c. DATE SIGNED Dec 7 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/8/59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo

24. FUNERAL DIRECTOR John E. Kepp ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. Dec. 8, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF S.E. Meluney, M.D.

JAN 21 1960

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.