

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004837

FILED VS JAN 26 1960

Registration District No. **360** Primary Registration District No. **3076** Registrar's No. **8**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARTON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		Length of stay in 1b 1		c. CITY OR TOWN IRWIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #612 No. Washington St. BELCHER REST HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First IDA Middle ANN Last COOPER				4. DATE OF DEATH Month JAN Day 17 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 19 1862		9. AGE (last birthday) 97		IF UNDER 1 YEAR Months 11 Days 28		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE				10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (City and state or country) OHIO		12. CITIZEN OF WHAT COUNTRY U.S.A					
13a. FATHER'S NAME JOHN W COOPER				13b. MOTHER'S MAIDEN NAME CYNTHIA A. TAYLOR				14. NAME OF HUSBAND OR WIFE WILLIAM C COOPER					
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. NONE		17. INFORMANT Address NEVADA. MO MRS GRACE KORB 422 NORTH MAIN							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Heart Failure										48 Hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arteriosclerotic Heart Disease		Unknown	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Month, Day, Year a.m. p.m. 		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 April 23, 1959 to Jan. 15, 1960 and last saw ^{her} him alive on Jan. 15, 1960 Death occurred at Nevada, Mo 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE A. P. McCann, M.D. (Degree or title)						22b. ADDRESS Moore Building Nev. Mo.			22c. DATE SIGNED Jan. 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 19 1960		23c. NAME OF CEMETERY OR CREMATORY SHELDON		23d. LOCATION (City, town, or county) VERNON CO		23e. STATE MO					
24. FUNERAL DIRECTOR BENEY FUNERAL HOME SHELDON MO				25. DATE RECD. BY LOCAL REG. Jan 23 - 1960		26. REGISTRAR'S SIGNATURE Anna J. Ferry							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *S. Bernard Beery*

Licensed Embalmer No. *4161*

P. O. Address *Seldon*

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.