

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018671

FILED VS MAY 16 1960

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hill</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	
Length of stay in lb <u>7 YRS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>720 Cedar St</u>		d. STREET ADDRESS (If outside, give location) <u>720 Cedar St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ELBERT</u> Middle <u>EUGENE</u> Last <u>COOTER</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>9</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1867</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sum Farm Johnson Co Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>John Cooter</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Alice Cooter</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>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Ola B Palmer, Pleasant Hill</u>	Address
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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) <u>Terminal heart failure</u>			<u>15 min</u>
DUE TO (b) <u>Bilateral bronchopneumonia</u>			<u>24 hrs</u>
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, a.m. or 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 10-28-53 to 5-9-60 and last saw him alive on 5-9-60
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W Ekleund M D</u>		22b. ADDRESS <u>Pleasant Hill, Mo</u>		22c. DATE SIGNED <u>5-9-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 11 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Holden Mo</u>	
24. FUNERAL DIRECTOR <u>Canada & Papp</u>		25. DATE RECD. BY LOCAL REG. <u>May 11-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Gay Sebra</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page.]

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 *M. J. [Signature]*

Licensed Embalmer No. 343

P. O. Address Holmes

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.