

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020309

FILED VS. JUN 6 1960 267

Registration District No. **267** Primary Registration District No. **5902** Registrar's No. **90**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Pemiscot</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti T.W.P.</i>		Length of stay in 1b <i>20 yrs</i>	c. CITY OR TOWN <i>Hayti</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 mi. N.W. of Hayti</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5 mi. N.W. of Hayti</i>	
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Ed</i> Last <i>Cooper</i>			4. DATE OF DEATH Month <i>May</i> Day <i>20</i> Year <i>1960</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-1-36</i>	9. AGE (last birthday) IF UNDER 1 YEAR Month <i>17</i> Day <i>19</i> Hours <i></i> Min. <i></i> IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and state or country) <i>Netherlands Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Roy Cooper, Sr.</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Cooper</i>		14. NAME OF HUSBAND OR WIFE <i></i>	
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 Address <i>Roy Cooper, Jr. Hayti, Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowned					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ 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 checked="" 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.) Car ran off bridge and over-turned in water			
20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i>5-20-60</i> a.m. <i></i> p.m. <i></i>	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road	20f. CITY, TOWN, OR LOCATION R. 1 Hayti	COUNTY Pemiscot,	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James G. Polun</i>			(Degree or title) Coroner	22b. ADDRESS Wardell, Mo.	22c. DATE SIGNED 5-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE 5-23-60	23c. NAME OF CEMETERY OR CREMATORY Colonel Cemetery	23d. LOCATION (City, town, or county) (State) Hayti, Mo.		
24. FUNERAL DIRECTOR <i>T. J. Smith</i>		ADDRESS Hayti, Mo.	25. DATE RECD. BY LOCAL REG. 5-23-'60	26. REGISTRAR'S SIGNATURE <i>L. Honda Adams</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1960

STATEMENT BY LICENSED EMBALMER

JUN 14 1960

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 John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Md

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.