

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023022

REGISTRATION DISTRICT VS JUN 27 1960

Registration District No. 145 Primary Registration District No. 5561 Registrar's No. 25 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ART / CALODONIA</u>		c. CITY OR TOWN <u>ART / CALODONIA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>NEAR CALODONIA MO.</u>	

3. NAME OF DECEASED (Type or print) <u>Virgil D. COOPER</u>			4. DATE OF DEATH <u>JUNE 19, 1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 15, 1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bonne Terre, MO.</u>	
13a. FATHER'S NAME <u>JOHN COOPER</u>		13b. MOTHER'S MAIDEN NAME <u>LOU MOFFON</u>		14. NAME OF HUSBAND OR WIFE <u>MEDIE COOPER.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>493-03-9124</u>	17. INFORMANT <u>Mrs. Medie Cooper.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Tuberculosis</u>	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
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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 <u>Feb 2 58</u> , to <u>June 19-60</u> and last saw ^{her} <u>June 7-60</u> alive on _____ Death occurred at <u>6 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>C. H. Humphrey M.D.</u>	22b. ADDRESS <u>Keenings MO</u>	22c. DATE SIGNED <u>6-20-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>June 24, 1960</u>	23c. NAME OF CEMETERY OR CREMATOR <u>PARKVIEW</u>
24. FUNERAL DIRECTOR ADDRESS <u>Raymond Caldwell and Sons Flat A W, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>near Farmington, Mo.</u>

25. DATE RECD. BY LOCAL REG. <u>June 22-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 1 1960

JUN 30 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat R w

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