

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUL 18 1960 <sup>238</sup>

-60-027721

Registration District No. \_\_\_\_\_ Primary Registration District No. <sup>4355</sup> <sup>5823</sup> Registrar's No. <sup>69</sup>

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>New Madrid</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri</b> COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Madrid</b>		Length of stay in 1b <b>30 yrs.</b>		c. CITY OR TOWN <b>New Madrid</b> <b>617-Russell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>617 Russell</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print) First <b>JAKE</b> Middle _____ Last <b>COOPER</b>				<b>4. DATE OF DEATH</b> Month <b>June</b> Day <b>28</b> Year <b>1960</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>6/11/1889</b>	<b>9. AGE (last birthday)</b> <b>71</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done even if retired) <b>Prison Guard</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Prison Guard</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Unk.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Unk.</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sally Johnson</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Virgia Jane Cooper</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>489-26-6676</b>		<b>17. INFORMANT</b> <b>Virgia Cooper</b> Address <b>New Madrid, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>No medical Attendant</b> DUE TO (b) <b>Natural Causes</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <i>Jay Hedgpeth</i> (Degree or title)				<b>22b. ADDRESS</b> <i>New Madrid, Mo.</i>		<b>22c. DATE SIGNED</b> <i>June 29, 1960</i>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>7/1/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Sandhill Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>New Madrid Co., Mo.</b>		
<b>24. FUNERAL DIRECTOR</b> <b>RICHARDS</b> ADDRESS <b>New Madrid, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>7/14/60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Jay Hedgpeth</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 18 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



Licensed Embalmer No. 5100

P. O. Address New Madison

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.