

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031618

STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 26

FILED AUG 29 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cabool</u>		Length of stay in 1b <u>1/2</u> day	c. CITY OR TOWN <u>Sargent two.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 3, Willow Springs</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>Franklin</u> Last <u>Cooper</u>			4. DATE OF DEATH Month <u>8</u> Day <u>17</u> Year <u>61</u>
5. SEX <u>m</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>6/26/1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>timber work</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>52</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) <u>Bunker, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William H. Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Sites</u>	14. NAME OF HUSBAND OR WIFE <u>Dola Cooper</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>		17. INFORMANT <u>Dola Cooper, Rt. 3, Willow Springs</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion (probable)</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>10min.</u>
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. _____ 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 _____ to <u>8/17/61</u> and last saw ^{her} him alive on <u>8/17/61</u> Death occurred at <u>approx. 2:00 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. L. Speers MD</u> (Degree or title)		22b. ADDRESS <u>Cabool, Mo</u>	22c. DATE SIGNED <u>8/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8/20/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cabool, Mo.</u>
24. FUNERAL DIRECTOR <u>Elliott-Gentry,</u> ADDRESS <u>Cabool, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-21-61</u>	26. REGISTRAR'S SIGNATURE <u>Rayne Cunningham</u>

AUG 30 1961

STATEMENT BY LICENSED EMBALMER

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 James L. Raley
Licensed Embalmer No. 4718

P. O. Address: Calboon, 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.