

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036390

Registration District No. 93 Primary Registration District No. Registrar's No. 61-82 STATE FILE NUMBER

AMENDED DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

FILED NOV 6 1961

1. PLACE OF DEATH a. COUNTY Dade b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sac twp Length of stay in 1b 50 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3mi. E. of Arcola Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 3mi. E. of Arcola Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade c. CITY OR TOWN Arcola Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 3mi. E. of Arcola Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Franklin Cooper 4. DATE OF DEATH Month Day Year Oct. 29, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-22-1872 9. AGE (last birthday) 89 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Cedar County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Philip Cooper 13b. MOTHER'S MAIDEN NAME Lovina Nagle 14. NAME OF HUSBAND OR WIFE Myrtie Jane Cooper dec'd 1957

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. None 17. INFORMANT Ira Cooper; Arcola, Mo. 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) Coronary thrombosis (b) Arteriosclerotic Cardiovascular disease (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 3 min yrs.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 12-28-48 to 7-12-60 and last saw him alive on 7-12-60 Death occurred at 12:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. B. Rutter M.D. 22b. ADDRESS Stackton Mo 22c. DATE SIGNED 10-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct. 31, 1961 23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem. 23d. LOCATION (City, town, or county) (State) Dade County, Mo.

24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 10/31/1961 26. REGISTRAR'S SIGNATURE J. C. Canada

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

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.