

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043644

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1263

FILED DEC 18 1961

DATE AMENDED

INSTEAD OF

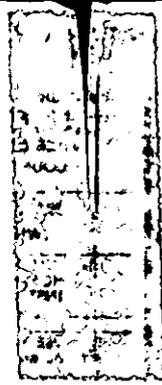
SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF E. Yoder, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		c. CITY OR TOWN ST. JOSEPH	
Length of stay in 1b 5 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 MITCHELL AVE.		d. STREET ADDRESS (If outside, give location) 509 MITCHELL AVE.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type of print) First Middle Last GEORGE JOSEPH COPPER, JR.			4. DATE OF DEATH Month Day Year DECEMBER 5, 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 4, 1886
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) CHAMPAIGN, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE J. COOPER, SR.	
13b. MOTHER'S MAIDEN NAME FRANCES PANKAU		14. NAME OF HUSBAND OR WIFE INES COOPER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address MRS. INES COOPER 509 MITCHELL AVE.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung			INTERVAL BETWEEN ONSET AND DEATH 6 months
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 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 29 May 1961 to death and last saw her alive on 29 Nov 1961 Death occurred at 2:10 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Yoder, M.D.</i>		22b. ADDRESS Denton, Kansas	22c. DATE SIGNED 7 Dec. 61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Dec. 7, 1961	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY	23d. LOCATION (City, town, or county) (State) TROY KANSAS
24. FUNERAL DIRECTOR ADDRESS HARMAN FUNERAL HOME WATHENA, KANSAS		25. DATE RECD. BY LOCAL REG. Dec. 8, 1961	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Woodell</i>



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 Charles D. Harman

Licensed Embalmer No. 4487

P. O. Address Watkins, 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.