

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000191

STATE FILE NUMBER

AMENDED

Registration District No. 032

Primary Registration District No.

Registrar's No. 4

FILED JAN 16 1962

1. PLACE OF DEATH

a. COUNTY

Bollinger

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Lutesville

Length of stay in 1b

2 1/2 Yrs.

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Bond Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

11128 Pine Forest Dr.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Fulton

Cooper

4. DATE OF DEATH

Month

Day

Year

Jan. 7, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

May 21, '87

9. AGE (last birthday)

74

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)

Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Grassy Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

W. H. Cooper

13b. MOTHER'S MAIDEN NAME

Zelpha Myers

14. NAME OF HUSBAND OR WIFE

Leora Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

498-34-2760

17. INFORMANT

Address

St. Louis, Mo

Mrs. Ina Hahs

11128 Pine Forest Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Typhoid fever

DUE TO (b) Cardiac renal vascular disease.

DUE TO (c)

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.

☐ 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

Month, Day, Year

a.m.

p.m.

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 4/3/59 to 1/7/62 and last saw him alive on 1/7/62

Death occurred at 7:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

BAKER CEMETERY

23d. LOCATION (City, town, or county)

Bollinger County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

T. E. Graham

Lutesville, Mo.

1-10-62

Mrs. Buford Crader

JAN 17 1962

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 Edward A. Graham, Student Embalmer No. 645

working under my personal supervision.

Student Edward A. Graham Signed J. E. Graham
Signature of Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Luteside, W.

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.