

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018423

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 233

FILED JUN 13 1962

VS 300
Rev. 4/59

10360
20661

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson-City Length of stay in lb 24hrs		c. CITY OR TOWN ELDON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Memorial-Hospital Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 317-W-North-St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JANNIE-MILDRED COOPER		4. DATE OF DEATH Month Day Year June-9-1962	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1Aug-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (City and state or country) UNKNOWN
13a. FATHER'S NAME Newton-J-Sibebottom		13b. MOTHER'S MAIDEN NAME Lucinda-Wood	14. NAME OF HUSBAND OR WIFE Geo-W-Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Marie-CARTER - ELdon-Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, Acute			INTERVAL BETWEEN ONSET AND DEATH 4-5 DAYS
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) Cerebral arteriosclerosis			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.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 6/8/62 to 6/9/62 and last saw her alive on 6/8/62		Death occurred at 12:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J S Sanders (Degree or title)		22b. ADDRESS MO Jefferson-City-Mo	22c. DATE SIGNED 9 June-62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial-	23b. DATE 11 June-1962	23c. NAME OF CEMETERY OR CREMATOR UNION-	23d. LOCATION (City, town, or county) Rocky-Mount Mo
24. FUNERAL DIRECTOR Kath Mays ADDRESS ELdon-Mo		25. DATE RECD. BY LOCAL REG. 9 June 1962 26. REGISTRAR'S SIGNATURE R Pharris, M.D. Richter Dep	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 20 1962

JUN 18 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M. Fays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.