

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039387

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 380 Primary Registration District No. 3099 Registrar's No. 207

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10586
20586

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1270-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Length of stay in 1b 6 yrs.	c. CITY OR TOWN Brookfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 S. Livingston St.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 214 S. Livingston St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES OSCAR COOPER			4. DATE OF DEATH Month Day Year Oct. 6, 1962
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1886
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer ret		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Sullivan County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Dowell Cooper	
13b. MOTHER'S MAIDEN NAME Frances Weekly		14. NAME OF HUSBAND OR WIFE Martha Bivens 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 Mrs. Dorothy Wiley, Brookfield, 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) Acute Coronary Accident DUE TO (b) Hypertensive Heart Disease DUE TO (c) Advanced Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Instant 20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Debility			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 Feb. 3, 1962 to Oct. 6, 1962 and last saw him alive on Oct. 5, 1962 Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. White, D.O.		22b. ADDRESS Brookfield, Missouri	22c. DATE SIGNED 10/8/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-8-1962	23c. NAME OF CEMETERY OR CREMATORY Grantsville Cemetery	23d. LOCATION (City, town, or county) Purdin, Mo.
24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home, Brookfield, Mo.		25. DATE RECD. BY LOCAL REG. 10-8-1962	26. REGISTRAR'S SIGNATURE Anna Wilson

OCT 23 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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.