

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000010

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 29

FILED JAN 28 1963

VS 300  
Rev. 4/59

10017  
20010

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Adair</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Adair</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>years</u>	c. CITY OR TOWN <u>Novinger</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD 4</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>LUVENA</u> Middle <u>COOLEY</u> Last <u>COOLEY</u>		Month <u>January</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-10-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	9. AGE (last birthday) <u>72</u>
11a. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Cooley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Ed Cooley Novinger, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u>			<u>2-3 days</u>
DUE TO (b) <u>Arteriosclerosis of brain</u>			<u>10 years</u>
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 <u>          </u> Month, Day, Year <u>          </u> a.m. <u>          </u> p.m. <u>          </u>			
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 <u>Nov. 19, 1960</u> to <u>Jan. 20, 1963</u> and last saw her alive on <u>Jan. 20, 1963</u> Death occurred at <u>9:15 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Stickler MD</u>		22b. ADDRESS <u>107 E. Harrison, Kirksville, Mo.</u>	22c. DATE SIGNED <u>1/22/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Novinger</u>	23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Don Rife Funeral Home, Inc.</u> <u>415 North Franklin</u> <u>Kirksville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-1963</u>	26. REGISTRAR'S SIGNATURE <u>Jorn W. Rathoff</u>

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Jan. 25, 1963  
# 04

R. D. STICKLER, M.D.

**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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, 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.