

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014117

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1050

FILED APR 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002

2 4002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. LOUIS</u>		a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>SHERMAN</u>	
Length of stay in 1b <u>DOA.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY</u>		d. STREET ADDRESS (If outside, give location) <u>408 HUNT RD</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Cooper</u> Last <u>Cooper</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>2-28-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>BENCH MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DIESEL ENG. CO.</u>	11. BIRTHPLACE (City and state or country) <u>ARKANSAS</u>
13a. FATHER'S NAME <u>JOHN COOPER</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE BROWN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>95 Minnie Cooper, Sherman Mo</u>)		16. SOCIAL SECURITY NO. <u>95 Minnie Cooper, Sherman Mo</u>	17. INFORMANT Address <u>95 Minnie Cooper, Sherman Mo</u>
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Abdominal Carcinomatosis</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>uremia</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 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 <u>3-16-63</u> to <u>3-22-63</u> and last saw ^{her} him alive on <u>3-22-63</u>			
Death occurred at <u>3-26-63</u> <u>7:35</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. A. Heineman R.D.</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton</u>	22c. DATE SIGNED <u>3-26-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/28/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GUM SPRINGS CEM.</u>	23d. LOCATION (City, town, or county) <u>SALEM ARK</u>
24. FUNERAL DIRECTOR <u>Schrader, Ballwin Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-27-63</u>	26. REGISTRAR'S SIGNATURE <u>John C. Mumfry M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.