MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-014812
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 124

FILED MAY 14 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

D. L. Garcia M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Andrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b: 20 yr.
c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION Andrain Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrain
c. CITY OR TOWN Mexico — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 509 E. Breckenridge — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: BENJIMAN Middle: FRANK Last: COOPER

4. DATE OF DEATH Month: May Day: 3 Year: 1963

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 2-1880
9. AGE (last birthday): 82 yr.
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Junction County Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Benjiman Cooper
13b. MOTHER'S MAIDEN NAME: Matilda Pearson
14. NAME OF HUSBAND OR WIFE: Lula Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of
16. SOCIAL SECURITY NO.: 98
17. INFORMANT: Lula Cooper Address: Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
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)
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 a.m. p.m. Month, Day, Year
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 April 20 1963 to May 3 63 and last saw him alive on May 2 1963
Death occurred at 1:45 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) D. L. Garcia M.D.
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 5-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 6-1963
23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) Mexico (State) Mo.

24. FUNERAL DIRECTOR Mrs Stuart Parker ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. May 4-1963
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Warren Sr

Licensed Embalmer No. 5203

P. O. Address Cal 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.