

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5091**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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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

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 17 1963	
1. PLACE OF DEATH	
a. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri b. COUNTY	
c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 5672A Clemens Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph (Joe) Cooper	
4. DATE OF DEATH Month Day Year 5 7 63	
5. SEX Male	6. COLOR OR RACE Negro
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Unknown
9. AGE (last birthday) Abt. 72	IF UNDER 1 YEAR IF UNDER 24 HR
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) Oakland, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Cooper, Sr.	13b. MOTHER'S MAIDEN NAME Katie Webb
14. NAME OF HUSBAND OR WIFE Divorced	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Memphis, Tenn. Roeaner Whitmore-508 Lipford
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebral Vascular Accident	
DUE TO (b) Hypertension	
DUE TO (c) 3327	
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 e.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 10-8-63 and last saw her alive on _____ Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	22b. ADDRESS 1300 Clark Ave.
22c. DATE SIGNED 5-10-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Ship	23b. DATE 5-10-63
23c. NAME OF CEMETERY OR CREMATORY Memphis, Tenn.	23d. LOCATION (City, town, or county) (State) Memphis, Tenn.
24. FUNERAL DIRECTOR ADDRESS A. L. Beal Und. Co. 4303 Delmar	25. DATE RECD. BY LOCAL REG. MAY 10 1963
REGISTRAR'S SIGNATURE Robert Smith, 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 Arthur L. Hollisoid

Licensed Embalmer No. 4921

P. O. Address 3100 Canton Ave

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.