MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

0044357

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 316 STATE FILE NUMBER

DEFILED 14 64

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0425		
2	0425		
3			2 1
4	3		
5	2		
6			
7	0		
8	2		
9	4/43x		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in Tb: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 North Main St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 804 North Main St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna Middle Bessie Last Cooper

4. DATE OF DEATH: Month 12 Day 7 Year 64

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-18-04
9. AGE (last birthday): 60
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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Henry County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert L. Johnson
13b. MOTHER'S MAIDEN NAME: Minda Sweat
14. NAME OF HUSBAND OR WIFE: mont Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address: Opal Brown

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Circulatory Failure	5mm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Decompensated Hypertensive Heart Disease	3 mos.
DUE TO (c)	Arteriosclerosis	2 years

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 July, 1963 to Dec. 7, 1964 and last saw her/him alive on Nov. 30, 1964
Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Harbaugh, D.O.
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 12-9-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-13-64
23c. NAME OF CEMETERY OR CREMATORY Laurel Oaks
23d. LOCATION (City, town, or county) Wendelin (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Allen-Sons, 117 E. Jefferson St. Sedalia Mo.
25. DATE RECD. BY LOCAL REG. Dec 9, 1964
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Dr Hartung

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 Edwin Allen

Licensed Embalmer No. 5260

P. O. Address 117 E Jefferson St.
Sedalia 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.