

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1096

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>051</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN, <u>Kansas City Mo. 3758</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>417 29 East 47th St Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brownington</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELBERT</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>COOPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify)	
		<u>DIVORCED</u>		8. DATE OF BIRTH <u>July 12, 1881</u>	
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bureling</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Brownington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Samuel M Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Emily K Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Trager</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>495-20-7460</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lura Hard Clinton Mo</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on DOA-18, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A J Towel DO. Coroner</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>1-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	
24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard & Dunny Clinton Mo</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>Jan-12-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		42-2	

MAR 17 1964

APR 7 1964
APR 8 1964

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.