

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16832

STATE FILE NUMBER

FILED JUN 10 1957

38822-57

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

482

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Mo. b. COUNTY Henry ✓ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital | | Length of stay in 8 HRS. | |
| d. STREET ADDRESS 716 E. Ohio | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Gorden Middle Charles Last Cooper | | | 4. DATE OF DEATH June 6th. 1957 Month June Day 6th. Year 1957 |
| 5. SEX Male <input type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 5, 1957 |
| 9. AGE (In years last birthday) - | IF UNDER 1 YEAR Months - Days - | IF UNDER 24 HRS. Hours 8 Min. - | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) Clinton, Mo. Henry Co. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Charles C. Cooper | |
| 14. MOTHER'S MAIDEN NAME Dorothy Beyer | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Charles C. Cooper, Clinton, Mo. Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity DUE TO (b) Partial atelectasis - pulmonary DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7625 | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 - Month - Day - Year - a. m. - p. m. - | | | |
| 20d. INJURY OCCURRED WHILE AT <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 Clinton COUNTY Mo. STATE Mo. |
| 21. I attended the deceased from June 5, 1957 , to June 6, 1957 and last saw him alive on June 5, 1957 . Death occurred at 130 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 6-6-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 6, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery | 23d. LOCATION (City, town, or county) (State) Clinton, Mo. Rural |
| 24. FUNERAL DIRECTOR N. A. Tausant, Clinton, Mo. ADDRESS | | 25. DATE RECD. BY LOCAL REG. 6-6-57 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |

(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 emb

by me, or by Body Was Not Embalmed Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed V. J. Varsant

Licensed Embalmer No. 372

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.