MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031602 STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 153

DO NOT WRITE ON THIS STUB — AMENDED — FILED SEP 10 1965

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: TRENTON — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: WRIGHT MEMORIAL HOSPITAL — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: GRUNDY
c. CITY OR TOWN: SPICKARD — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First SARAH Middle MELVINA Last COOPER

4. DATE OF DEATH: Month SEPT Day 6 Year 1965

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 2-10-1886
9. AGE (last birthday): 79
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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): SULLIVAN CO. MO.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN ANDERSON
13b. MOTHER'S MAIDEN NAME: ROSE WALTERMIRE
14. NAME OF HUSBAND OR WIFE: SOL COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT Address: FINIS TIPTON HARRIS MO.

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)	Acute circulatory collapse	2½ hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Rt heart failure	2 Days.
DUE TO (c)	Cardio vascular Renal Disease	10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Paralysis Agitans

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 March 1950 to 9-6-65 and last saw her/him alive on 9-6-65
Death occurred at 11:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. L. Clark M.D.
22b. ADDRESS: TRENTON, MO.
22c. DATE SIGNED: 9-7-65

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT-9-1965
23c. NAME OF CEMETERY OR CREMATORY: HARRIS CEMETERY
23d. LOCATION (City, town, or county) (State): MERCER CO. MO.

24. FUNERAL DIRECTOR ADDRESS: WISE FUNERAL HOME SPICKARD MO
25. DATE RECD. BY LOCAL REG.: 9-7-65
26. REGISTRAR'S SIGNATURE: Irene Farr

(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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.