

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 359Primary Registration District No. 3783Registrar's No. 3

1. PLACE OF DEATH:

- (a) County Mercer *Missouri*
 (b) City or town Half Rock, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 85 years
 years, months or days)

8. (a) PRINT FULL NAME Jessie F. Cooper8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife Millie Cooper 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
85 hr. min.9. Birthplace Mercer Co., Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Cooper
13. Birthplace _____ Ind.
(City, town, or county) (State or foreign country)14. Maiden name Emiline Michill
15. Birthplace _____ Ind.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Allen Hagen(b) Address Half Rock, Mo.17. (a) Burial (b) Date thereof March 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Half Rock, Mo.18. (a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) March 18 (b) Mrs. Claud Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer
 (c) City or town Half Rock, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 8 minute 10 M.21. I hereby certify that I attended the deceased from Nov. 17
1939 to 1940;
that I last saw her alive on March 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma stomach 10 monthsDue to ✓ ✓ ✓ ✓ 40Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy NO

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
403

While at work _____

(Specify type of place)

(c) Means of injury

23. Signature C. M. Claubert (M. D. or other) 1
Address _____ Date signed _____

RECEIVED
District Health Officer No. 11,
District File Number 442-5572
Date Filed APR 13 1940

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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, above space should be left blank.