

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23255

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5350		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (On this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho Mo</u>		46 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (First) <u>Elsie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Cooper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>2-8-1911</u>		9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> IF UNDER 4 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) <u>Howell Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Long</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Bassell</u>		13c. NAME OF HUSBAND OR WIFE <u>Gerald S. Cooper</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>4</u>		15. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G. A. Cooper, Neosho Mo</u>			
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, asthenia, etc. -It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Arterial disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) <u>Cancer involving structures of neck & upper chest.</u>					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				<u>1991</u>	
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 <u>49</u> to <u>May 23, 1949</u> , that I last saw the deceased alive on <u>May 23, 1949</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Orlano W. Z</u>			(Degree or title)		23b. ADDRESS <u>Babersfield, Mo.</u>		23c. DATE SIGNED <u>6-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neosho</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson, Neosho, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED 7/5/49

District Health Officer No. 5,

District File Number 749502

Date Filed 7-14-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed A. D. Robertson

Licensed Embalmer No. ~~770~~ 5432

P. O. Address West Haven, Ct.

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.