

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1949

State File No. 29217

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4023 Registrar's No. 67

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

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Exeter</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Exeter</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lou</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Cooper</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8-20-1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>10-30-1873</b>	9. AGE (In years last birthday) <b>76</b>	10 UNDER 1 YEAR Months	11 UNDER 1 YEAR Days	12 UNDER 1 MIN. Hours	13 UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>P. W. Epperly</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Wilcox</b>	14. NAME OF HUSBAND OR WIFE <b>W. C. Cooper</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>W. C. Cooper-Exeter, Missouri</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia due Chl Int Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 W 2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myo Carditis</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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-9**, 19**49**, to **8-20**, 19**49**, that I last saw the deceased alive on **8-19**, 19**49**, and that death occurred at **7:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Baldwin D.D.O.</b>	23b. ADDRESS <b>Purdy Mo</b>	23c. DATE SIGNED <b>8-23-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-21-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>	24d. LOCATION (City, town, or county) (State) <b>Exeter, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-7-1949</b>	REGISTRAR'S SIGNATURE <b>Grace Williams</b>	10	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Cusher Cassville</b>	ADDRESS
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RECEIVED SEP 15 1949

District Health Officer No. 6,

District File Number 949-1043

Date Filed 10-5-49

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**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 Alex D Williams

Licensed Embalmer No. 4651

P. O. Address Cassville, 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.