

No. 300
10. 48

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1758

BIRTH NO. _____ REG. DIST. NO: 209 PRIMARY REG. DIST. NO: 304B Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion 0047	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 512 Center St.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPHINE	b. (Middle)	c. (Last) COOPER	4. DATE OF DEATH (Month) (Day) (Year) February 2, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 24, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse's Aid		10b. KIND OF BUSINESS OR INDUSTRY St. Eliz. Hospital		11. BIRTHPLACE (State or foreign country) Paris, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Francis Cooper	13b. MOTHER'S MAIDEN NAME Laura Ross	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. D. H. Hayden	ADDRESS 512 Center St. Hannibal
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 30 Mins
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Bilateral Deafness		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2100X

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) m.	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 **7/2** ¹⁹⁵⁰, to **2/2** ¹⁹⁵⁰, that I last saw the deceased alive on **7/2**, to **7/2**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H B Norton M.D.	23b. ADDRESS Hannibal 800	23c. DATE SIGNED 2/2/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/4/50	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Paris, Missouri
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DATE REC'D BY LOCAL REG. 2-3-50	REGISTRAR'S SIGNATURE H C Fisher Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Kathleen Schwarz	ADDRESS Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED FEB 10 1950
MARION O. HEALTH DEPT.
DATE FILED FEB 11 1950

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal 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.