

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7459**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>	
c. LENGTH OF STAY (in this place) <u>8 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>San. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haughlin Hospital</u>			
3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) <u>Edelen</u>	
c. (Last) <u>Cooper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>APRIL 1, 1896</u>
9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 4 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Att.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>Shelbyville, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA CLARK</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PRESTON JARRELL</u>		ADDRESS <u>Shelbyville, 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis and toxic coma</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Diffuse purulent peritonitis</u> DUE TO (c) <u>Gangrenous and perforated appendix</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Delay in coming to Hospital</u> <u>5501</u>			
19a. DATE OF OPERATION <u>3-3-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Appendiceal abscess, peritonitis, appendectomy (gangrenous)</u>	
19c. 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) (Min.)		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 <u>3-3-50</u> , 19 <u>50</u> , to <u>3-12-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-12-50</u> , and that death occurred at <u>11:40 A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl Haughlin Jr.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	
23c. DATE SIGNED <u>3-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-14-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-12-50</u>		REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u>		ADDRESS <u>Shelbyville, MO.</u>	

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

RECEIVED MAR 20 1950
District Health Officer No. 10
District File Number 3-50-463
Date Filed MAR 20 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.

Signed Lawrence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, N.Y.

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.