

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21041

State File No.

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. 14

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u> b. (Middle) <u>Filander</u> c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 30, 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Iowa Co Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry Perry Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Mary DeBolt</u>	14. NAME OF HUSBAND OR WIFE <u>Lurany Cooper</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-01-8709</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude Cooper, Seneca, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lung abscess</u> DUE TO (c) _____		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		291X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Mar 15, 1949, to June 3, 1950 that I last saw the deceased alive on May 29, 1950, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Roberts, D.O.</u>	23b. ADDRESS <u>P.O. Box 294 Seneca, Mo.</u>	23c. DATE SIGNED <u>6/5/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-4-50</u>	REGISTRAR'S SIGNATURE <u>Phyllis Britton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W E Bedderson Seneca Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-134

Date Filed JUN 12 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

W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.