

FILED MAY 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11441

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4017 Registrar's No. 76

330
1

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Port.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock P rt. 0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) none	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ianfsen c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) 4 29 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 1/5/1875
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Days 3	IF UNDER 24 HRS. Hours 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Hanover, Germany 4
12. CITIZEN OF WHAT COUNTRY? Am		13a. FATHER'S NAME John Schmitt	
13b. MOTHER'S MAIDEN NAME Maria Gronewald		14. NAME OF HUSBAND OR WIFE Thos. H. Cooper.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, state year or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs Gladys Clifton, Hamburg. Ia.,		ADDRESS	
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) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral thrombosis DUE TO (c) cerebral embolus. II. OTHER SIGNIFICANT CONDITIONS arteriosclerotic heart disease with auricular fibrillation	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 3 days 3 days unknown	
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) (Minute)	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 27 Apr, 1951, to 28 Apr, 1951, that I last saw the deceased alive on 27 Apr, 1951, and that death occurred at 12:15 pm., from the causes and on the date stated above.			
23a. SIGNATURE E. M. Stettin, M.D.		23b. ADDRESS Rock Port. Mo.	
23c. DATE SIGNED 30 Apr 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/2/51	24c. NAME OF CEMETERY OR CREMATORY Hunter Cem.	24d. LOCATION (City, town, or county) (State) Rock Port. Mo.,
DATE REC'D BY LOCAL REG. May 2, 1951	REGISTRAR'S SIGNATURE Marvin H. Schaefer 442	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bartholomew Mortuary. Rockport. Mo	



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 Grady Bartholomew.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port, 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.