

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27423**

FILED SEP 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5077** Registrar's No. **184**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City Mo.</b>		c. LENGTH OF STAY (In this place) <b>50 Yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>28 S. Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>28 S. Main St.</b>		e. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Myrtle</b>	b. (Middle)	c. (Last) <b>Cooper</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 25 1951</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>Widowed</b>	8. DATE OF BIRTH <b>Feb 26, 1878</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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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>Novelty Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William H. Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Rigby</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Claudia Overton</b>	ADDRESS <b>Kansas City</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion, acute</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	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 **Did not attend same**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. W. Bush, M.D., Jasper County, Mo.</b>	23b. ADDRESS <b>Hotel Pine Blk, Jasper, Mo.</b>	23c. DATE SIGNED <b>8-27-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 27 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carterville Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 27-51</b>	REGISTRAR'S SIGNATURE <b>H. L. Stutcher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston Arnce Simpson</b>	ADDRESS <b>Mortuary Webb City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*NEA*

RECEIVED 9-5-51

Jasper County Health Office

County File Number 51/8/696

Date Filed 9-5-51

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 Harvey E. Amice

Licensed Embalmer No. 4463

P. O. Address Wesley City 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.