

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32854

State File No.

FILED NOV 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>100</u>		
1. PLACE OF DEATH a. COUNTY <u>CARROLLTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>				
b. CITY OR TOWN <u>CARROLLTON MO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bosworth, Mo. (RURAL - Rockford)</u>		d. STREET ADDRESS (If rural, give location) <u>0170</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ATWOOD Hospital</u>								
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u> a. (First) <u>Robert</u> b. (Middle) <u>Cooper</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 1 - 1951</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 2 1916</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NELSON MO</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13a. FATHER'S NAME <u>Homer Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS HINTON</u>		14. NAME OF HUSBAND OR WIFE <u>GLADYS COOPER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD # 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GLADYS COOPER</u>		ADDRESS <u>Bosworth 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyo nephritis</u> DUE TO (c) <u>6000</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of back & paralysis</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>from waist down 3 yrs duration</u>				20. 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)		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>Jan</u> , 1951, to <u>Nov 1</u> , 1951, that I last saw the deceased alive on <u>Oct 31</u> , 1951, and that death occurred at <u>4:30 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Carol Reed</u> (Degree or title)				23b. ADDRESS <u>Carrollton</u>		23c. DATE SIGNED <u>11-3-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 3-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILLS</u>		24d. LOCATION (City, town, or county) (State) <u>CARROLLTON MO.</u>			
DATE REC'D BY LOCAL REG. <u>11/5/51</u>		REGISTRAR'S SIGNATURE <u>Thos Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Laird & Edwards</u> ADDRESS <u>Bosworth MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0170

NOV 23 1951



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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.

