

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3628**

LED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Scott County				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberton mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Delta Hospital				d. STREET ADDRESS (If rural, give location) R# 1			
3. NAME OF DECEASED (Type or Print) a. (First) Wessia b. (Middle) — c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) Jan 11-1952				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Feb 25, 1906	
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank King		13b. MOTHER'S MAIDEN NAME Almeda Coffman		14. NAME OF HUSBAND OR WIFE Wm Cooper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Dell Stoddard 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3: Burns of Body					INTERVAL BETWEEN ONSET AND DEATH 4 hours
		ANTECEDENT CAUSES Morbidity 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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Essex R# 1 - Stoddard - Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 11 1952 pm	
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? House Caught Fire			
22. I hereby certify that I attended the deceased from 1-11 , 19 52 , to 1-12 , 19 52 , that I last saw the deceased alive on 1-11 , 19 52 , and that death occurred at 11:05 P m. , from the causes and on the date stated above.							
23a. SIGNATURE A. G. Danks (Degree or title) M.D.				23b. ADDRESS Morehouse mo.		23c. DATE SIGNED 1-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-52		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Essex Ark.	
DATE REC'D BY LOCAL REG. 1-15-52		REGISTRAR'S SIGNATURE Mrs Olla Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Orville Taylor - Liberton ADDRESS —			

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

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mo

RECEIVED JAN 21 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-18

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 J. E. McMillan.....

Licensed Embalmer No. 4695.....

P. O. Address East Prairie, 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.