

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **2166**

FILED MAR. 31 1952

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>3000</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE 0013</b>		d. STREET ADDRESS (If rural, give location) <b>1303 S. WABASH 0</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>COMMUNITY HOSPITAL #2</b>				d. STREET ADDRESS (If rural, give location) <b>1303 S. WABASH 0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE</b>			b. (Middle) <b>K.</b>		c. (Last) <b>COOPER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 12 1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV. 14 1873</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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 <b>HOUSEKEEPING</b>		11. BIRTHPLACE (State or foreign country) <b>KNOX CO. MISSOURI 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>DAVID BROWN</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH IMELL</b>		14. NAME OF HUSBAND OR WIFE <b>CHESTEEN COOPER</b>			
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>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRANK COOPER KIRKSVILLE MO</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2 MONTHS</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPOSTATIC PNEUMONIA</b>						
		ANTECEDENT CAUSES DUE TO (b) <b>CARDIAC DECOMPENSATION</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>						
		DUE TO (c) <b>GENERALIZED CACHEXIA</b>						
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>METASTATIC CARCINOMA</b>						
19a. DATE OF OPERATION <b>JULY 51</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF RECTUM</b>					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) <b>154X</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>MARCH 10, 1952</b> , to <b>MARCH 12, 1952</b> ; that I last saw the deceased alive on <b>3-12-52</b> , 19____, and that death occurred at <b>10:50 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>M. T. Lutenashu M.D.</b>				23b. ADDRESS <b>Kirksville Mo</b>		23c. DATE SIGNED <b>3-14-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/15-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PRESANT RIDGE</b>		24d. LOCATION (City, town, or county) (State) <b>KNOX COUNTY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>3-15-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geoff Caskey Hurdland Mo</b>				

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

*Ger. B. Early Jr.*

Licensed Embalmer No. *3755*

P. O. Address *Henderson 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.