S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12685

MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 412

039

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Rural, Springfield, Mo North Campbell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD#2 Springfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Springfield, North Campbell
d. STREET ADDRESS (If rural, give location) RFD#2 Springfield

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) E. c. (Last) Cooley

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 7 March 1873
9. AGE (In years last birthday) 79 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY In Home
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Hutchings Springfield, Mo.

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) Myocardial Infarction — Interval between onset and death: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — unknown

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Feb, 1950, *to* Feb 25, 195[illegible], *that I last saw the deceased alive on* Feb 25, 195[illegible], *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul C. Morton (Degree or title) M.D.
23b. ADDRESS 1625 N Jefferson Springfield Mo
23c. DATE SIGNED 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-27-52
24c. NAME OF CEMETERY OR CREMATORY Bass Chapel Cemetery
24d. LOCATION (City, town, or county) Greene County (State) Mo.

DATE REC'D BY LOCAL REG. 4-28-52
REGISTRAR'S SIGNATURE James R Amos, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W.Klingner & Co. Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MORTON

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.