S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4256 State File No. 13414

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4526 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holden
c. LENGTH OF STAY (In this place) 75 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holden 0510
d. STREET ADDRESS (If rural, give location) South Main Street 0

3. NAME OF DECEASED (Type or Print)
a. (First) Elbert
b. (Middle) Lon
c. (Last) Cooter

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1952

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH month unknown 1873

9. AGE (In years last birthday) 78
If under 1 year: Months 7 Days ?
If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired salesman

10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocer

11. BIRTHPLACE (State or foreign country) Lewis County, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jasper Cooter

13b. MOTHER'S MAIDEN NAME Elizabeth Bash

14. NAME OF HUSBAND OR WIFE Nettie Clark Cooter (dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Neb Cooter, **ADDRESS** Holden, Missouri

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) Coronary occlusion

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. gen. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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* Jan. 21, 1952, *to* Mar. 20, 1952, *that I last saw the deceased alive on* Mar. 20, 1952, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Kelly Rawlins (Degree or title) M.D.

23b. ADDRESS Holden, Mo.

23c. DATE SIGNED 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3/22/52

24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery

24d. LOCATION (City, town, or county) Holden, Missouri (State)

DATE REC'D BY LOCAL REG. 3/24/52

REGISTRAR'S SIGNATURE Mrs James W. Redford 150-1

25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp **ADDRESS** Holden, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 14 1952
JOHNSON COUNTY HEALTH D

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Samuel B. Popp

Signed.....
Student Embalmer

Licensed Embalmer No. 4044

P. O. Address Holden, 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.