

FILED SEP 6-1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28614

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>86</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		<u>0743</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles east</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>		b. (Middle) <u>CURRY</u>		c. (Last) <u>COOPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 21, 1884</u>	9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>5</u>	11. DAYS <u>24</u>	12. HOURS <u>24</u>		
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Louis W. Curry</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Claude C. Cooper</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. Louis Cooper, Kansas City, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary ischemia</u>				DUPLICATE				<u>1 week</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>Arterio sclerosis, generalized</u>				?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>9 days</u>	
<u>Trauma - automobile accident</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>054</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lafayette Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 6 - 1952 20 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>					
22. I hereby certify that I attended the deceased from <u>6 Aug. 1952</u> , to <u>15 Aug. 1952</u> , that I last saw the deceased alive on <u>15 Aug. 1952</u> , and that death occurred at <u>2<sup>30</sup> a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert B. Beer</u>				23b. ADDRESS <u>Maryville, Mo.</u>		23c. DATE SIGNED <u>8/15/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maryville</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>M. M. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. F. Tempelton</u>					

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10. 48

SEP 8 1952

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 *L. W. McKean*

Licensed Embalmer No. 2983

P. O. Address Belington, Virginia

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.