

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34207

State File No.

FILED NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Main</u>	
b. CITY OR TOWN <u>Centralia MO</u>	c. LENGTH OF STAY (In this place, township) <u>2 1/2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thompson MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Helen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 0040</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>M</u>	c. (Last) <u>COOPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-23-1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>	IF UNDER 24 HOURS Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Russellville - Ky 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>O.W. Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Graham</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) <u>Unknown</u>	(If yes, give way or dates of service) <u>Unknown</u>	18. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Edgar Walker - Cambridge Ky</u>	ADDRESS _____
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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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular Nephritis</u> <u>Five years</u>		
	DUE TO (c) <u>Dyslipidemia of Old age</u> <u>Many months</u>		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 8-31-52 to 11-8-52, that I last saw the deceased alive on 11-7-52, and that death occurred at 7:35 PM from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Walker</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Centralia MO</u>	23c. DATE SIGNED <u>11-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 10 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Wood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 8 - 1952</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartolow & Hawkins</u>	ADDRESS <u>Clarence - Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 1953

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.....
Student Embalmer

Signed Henry Berkeley

Licensed Embalmer No. 3836

P. O. Address Clarence, 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.