

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4935

State File No.

LED MAR 2 - 1953

BIRTH NO.

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <i>Burke</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Harrison</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Mariah</i>	
c. LENGTH OF STAY (in this place) <i>29 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital # 2</i>			
3. NAME OF DECEASED a. (First) <i>Kate</i>		b. (Middle) <i>Coop</i>	
c. (Last) <i>Coop</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 18 1953</i>	
5/SEX <i>Female</i>		6. COLOR OF RACE <i>White</i>	
7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 13, 1871</i>	
9. AGE (in years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>5</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>America</i>	
13a. FATHER'S NAME <i>Richard Donnie</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Gilbert</i>	
13c. NAME OF HUSBAND OR WIFE <i>Charles R. Coop</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>nil</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Charles R. Coop</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <i>not given</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Chronic</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i>		<i>20 yrs</i>	
DUE TO (c) <i>Psychosis</i>		<i>29 yrs</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4221</i>	
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)	
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 <i>2-18 1953</i> , to <i>2-18 1953</i> , that I last saw the deceased alive on <i>2-18 1953</i> , and that death occurred at <i>6:30 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Carroll M. [Signature]</i>		23b. ADDRESS <i>State Hospital # 2</i>	
23c. DATE SIGNED <i>2-18-1953</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24b. DATE <i>2/19/1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Canaanville, Missouri</i>	
24d. LOCATION (City, town, or county) (State) <i>Canaanville, Missouri</i>		DATE REC'D BY LOCAL REG. <i>Feb 26, 1953</i>	
REGISTRAR'S SIGNATURE <i>Carl C. Cash</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Water Bowers</i>	
ADDRESS <i>St Joseph</i>		ADDRESS <i>Funeral Home</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

James P. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 So 10th St. Joseph, 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.