

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crows Mills</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crows Mills</u> <u>0710</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Osage Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osage Township</u>		d. STREET ADDRESS (If rural, give location) <u>Osage Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>	b. (Middle) <u>Barnibus</u>	c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb 28, 1882</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>500-03-1131</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Blanks - Crows Mills, Mo.</u> ADDRESS <u>Mills, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u> 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.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
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 <u>April 5, 1953</u> to <u>April 6, 1953</u> , that I last saw the deceased alive on <u>April 5, 1953</u> , and that death occurred at <u>6:52 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Washburn M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles Mo</u>	23c. DATE SIGNED <u>4-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sidebottom Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr 9-1953</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u> 214-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hildner</u> ADDRESS <u>Versailles, Mo.</u>	

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 Gene H. Dathron

Licensed Embalmer No. 4024

P. O. Address Versailles, 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.