S. No. 300
v. 10.48

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13004

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4517 Registrar's No. 14

1060
1

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

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson 1060
d. STREET ADDRESS (If rural, give location): Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Lee
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): 2-27-53

5. SEX: Fmal
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18. 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home Maker
11. BIRTHPLACE (City and State or Foreign Country): Taney Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Hodge
13b. MOTHER'S MAIDEN NAME: Mary Hodge
14. NAME OF HUSBAND OR WIFE: Silas W. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Silas W. Cooper
ADDRESS: Branson Mo

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) _____ — INTERVAL BETWEEN ONSET AND DEATH

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 ☐ 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* 2-27, 1953, *to* 2-27, 1953, *that I last saw the deceased alive on* 2-27, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry Forsyth (Degree or title): Coroner
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-1-53
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
24d. LOCATION (City, town, or county) (State): Branson Mo

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: J. C. Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE: R. O. Whitehead
ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson M

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.