

FILED JUN 22 1954

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21869**

BIRTH NO.		REG. DIST. NO. <b>360</b>	PRIMARY REG. DIST. NO. <b>6225</b>	Registrar's No. <b>64</b>
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dernon</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Laura</b>		
b. CITY OR TOWN <b>Washington</b>	c. LENGTH OF STAY (in this place) <b>0-3-16</b>	c. CITY OR TOWN <b>Peace City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>?</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp # 3</b>		e. STREET ADDRESS (If rural, give location) <b>0550</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>David</b> c. (Last) <b>Cooper</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 11-1954</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 1-1868</b>	
<b>9. AGE</b> (in years last birthday) <b>86</b>		<b>10. MONTHS</b> <b>4</b>	<b>11. DAYS</b> <b>10</b>	<b>12. IF UNDER 24 HRS.</b> Hours <b>-</b> Min. <b>-</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, or as if retired) <b>Farming</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13. FATHER'S NAME</b> <b>Job Cooper</b>		
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emily Phillips</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Laura Cooper</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Coop. Keedy</b>
<b>17. ADDRESS</b> <b>Mo.</b>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>General &amp; Cerebral Art. Sclerosis</b>		
<b>2. ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>3. DUE TO (b)</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>None</b>		
<b>4. DUE TO (c)</b>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>334x</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from 2-26, 1954, to 6-11, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <b>W. D. Hunt</b>		<b>23b. ADDRESS</b> <b>Nebraska, Mo.</b>		<b>23c. DATE SIGNED</b> <b>6-11-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>June 14-1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Old Meadows Cemetery</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Monett, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Anna E. Ferry</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>6-14-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Anna E. Ferry</b>		<b>25. ADDRESS</b> <b>Bennett-Warrington-Monett, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

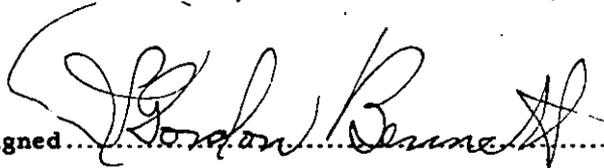
No. 300  
10-4808  
2

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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.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 421.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.