

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

**22224**

State File No. \_\_\_\_\_

Registrar's No. 404

**FILED JUL 29 1954**

BIRTH NO. 41715-54 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>814 No. Sassafras</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Judith</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Cooper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 6, 1954</u>	9. AGE (In years) (last birthday) <u>0</u>	IF UNDER 1 YEAR (Months) <u>0</u>	IF UNDER 1 YEAR (Days) <u>2</u>	IF UNDER 24 HRS. (Hours) _____	IF UNDER 24 HRS. (Min.) _____
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10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Clifton Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva Cooper</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>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Clifton Cooper, Dexter, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Damage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES *As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature separation of placenta</u> 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur C. Parker, M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>7/19/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo. R.F.D.</u>
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DATE REC'D BY LOCAL REG. <u>7/20/54</u>	REGISTRAR'S SIGNATURE <u>R. H. Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>	ADDRESS <u>Dexter, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED

BUTLER CO. HEALTH CENTER

JUL 26 1954

FILE No. \_\_\_\_\_

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. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

*Body not Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.