

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Fulbright
State File No. **26118**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6288** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY WRIGHT COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give town) GROVE SPRINGS		c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN GROVE SPRINGS
d. FULL NAME OF HOSPITAL OR INSTITUTION. GROVE SPRINGS, RURAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) WARREN	c. (Last) COOPER
4. DATE OF DEATH (Month) (Day) (Year) AUGUST 2, 1954		5. SEX MALE	
6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 14, 1876	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) SR GREENE CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EDWARD COOPER	13b. MOTHER'S MAIDEN NAME ALICE WARREN	14. NAME OF HUSBAND OR WIFE MARY JANE COOPER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME MARY JANE COOPER, GROVE SPRINGS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 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.		INTERVAL BETWEEN ONSET AND 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)	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 <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 July 5, 1954 , to Aug 2, 1954 , that I last saw the deceased alive on July 30, 1954 , and that death occurred at 9:00pm , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. H. Freiberg M.D.		23b. ADDRESS Springfield Mo. 8/3/54	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/6/54	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) (State) SOUTH OF NIXA, MO.
DATE REC'D BY LOCAL REG. 8-5-54	REGISTRAR'S SIGNATURE Byrd A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Lohmeyer, Springfield.	

(Licensed Embalmer's Statement on Reverse Side)

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

County of _____
Date Filed **AUG 7 1954**

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 *A. G. McCann*

Licensed Embalmer No. *772*

P. O. Address *Springfield*

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.