No. 300
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FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7703

State File No.

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5381 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -Current Twp.
c. LENGTH OF STAY (In this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural -16 Mi. S. W. Salem Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent 0339
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural 16 S.W. Salem, Mo -Hwy 119

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

4. DATE OF DEATH (Month) (Day) (Year): Mar. 21, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 5
8. DATE OF BIRTH: Sept.24,1879
9. AGE (In years last birthday): 75 — If under 1 year: Months — Days — If under 1 hr.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Crawford County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: E.H. Cooper
13b. MOTHER'S MAIDEN NAME: Mary P. England
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 465037821
17. INFORMANT'S SIGNATURE OR NAME: Mae Wood
ADDRESS: Rt.1, Bonne Terre, 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) Coronary Occlusion — 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) Heart Disease, Found Dead — ?
DUE TO (c) Lived alone

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Above Cause set by Coroners Jury.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Found Dead
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Home
21c. (CITY, TOWN, OR TOWNSHIP): Current Twp. (COUNTY): Dent (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marshall C. Blackwell, Coroner
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: 3/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/29/55
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Crawford County, Mo.

DATE REC'D BY LOCAL REG.: 3-28-55
REGISTRAR'S SIGNATURE: R.E. Mitchell, M.D. by MCB
25. FUNERAL DIRECTOR'S SIGNATURE: Blackwell-Warfel, Salem, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall E. Blackwell

Licensed Embalmer No. 471

P. O. Address Salem, O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.