

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14591

State File No.

 BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5063 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Barton City Twp.		c. LENGTH OF STAY (in this place) 35 yrs.	c. CITY OR TOWN Irwin
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		f. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) F. A. c. (Last) COOLEY			4. DATE OF DEATH May 23, 1955 (Month) (Day) (Year)		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days IF UNDER 4 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 Own Home	11. BIRTHPLACE (City and State or Foreign Country) Red Oak, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Hurley		13b. MOTHER'S MAIDEN NAME Nancy Frite		14. NAME OF HUSBAND OR WIFE Milton P. Cooley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. M. P. Cooley, ADDRESS Route 1, Irwin, 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) Meningitis			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) Sleeping sickness			
		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 0		19b. MAJOR FINDINGS OF OPERATION 0			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0 0 0		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 0		

 22. I hereby certify that I attended the deceased from 5/21, 1955, to 5/21, 1955 that I last saw the deceased alive on 5/21, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. G. Eddlemon (Degree or title) M.D.		23b. ADDRESS Liberal Mo		23c. DATE SIGNED 5/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Barton City Cemetery	
				24d. LOCATION (City, town, or county) (State) Barton County, Missouri	
DATE REC'D BY LOCAL REG. May 23, 1955		REGISTRAR'S SIGNATURE Charlotte McDowell		25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, ADDRESS Lamar, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Williams

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 *Charles W. Chiles*.....

Licensed Embalmer No. *34*.....

P. O. Address *Lenoir, N.C.*.....

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.