

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28891

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

REG. DIST. NO. 5053 PRIMARY REG. DIST. NO. 5053 Registrar's No. 66

BIRTH NO. _____		REG. DIST. NO. <u>5053</u>		PRIMARY REG. DIST. NO. <u>5053</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Shell Knob)</u> )		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Shell Knob</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0050</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALEXANDER</u>		b. (Middle) <u>EMPERSON</u>		c. (Last) <u>COOPER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-1955</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 13, 1871</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Kansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>William H. Cooper</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Betsy Ann Hyatt</u>		14. NAME OF HUSBAND OR WIFE <u>Susan Cooper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Susan Cooper, Shell Knob, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Coronary Heart Disease</u> <u>10 years.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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	
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)		22. I hereby certify that I attended the deceased from <u>Oct. 17, 1953, to Aug 30, 1953</u> , that I last saw the deceased alive on <u>Aug. 30, 1953</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE <u>E. E. McQuinn, M.D.</u>	
23a. SIGNATURE (Degree or title)		23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>9-7-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mikeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shell Knob, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-12-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Karl D. Hubert</u>		ADDRESS <u>Cassville, Mo</u>	

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 955-327

DATE REC. 9-17-55

OCT 19 1955

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 Paul D. Wenbest

Licensed Embalmer No.....

P. O. Address 4576

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