

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20889**

FILED JUL 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 294

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>                       |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <b>Missouri</b> b. COUNTY <b>JASPER</b> |   |
| b. CITY OR TOWN <b>JOPLIN</b>                                      | c. LENGTH OF STAY in this place <b>18 DYS</b> | c. CITY OR TOWN <b>JOPLIN</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b> |   | STREET ADDRESS (If rural, give location) <b>810 1/2 VIRGINIA</b>  |   |

|                                     |                           |                              |                         |   |
|-------------------------------------|---------------------------|------------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>JACKSON</b> | b. (Middle) <b>ZACKARIAH</b> | c. (Last) <b>COOPER</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 28 1956</b> |
|-------------------------------------|---------------------------|------------------------------|-------------------------|---|

|   |                               |   |   |   |                 |                  |
|---|-------------------------------|---|---|---|-----------------|------------------|
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>NOV 21, 1895</b>            | 9. AGE (In years) <b>60</b>   | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOISTERMAN</b> |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>McDONALD CO., MO.</b> | Months          | Days             |

|  |  |
|--|--|
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |  |
|--|--|

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|--|--|---|
| 13a. FATHER'S NAME <b>ANDREW J. COOPER</b> | 13b. MOTHER'S MAIDEN NAME <b>LOU GRIFFEY</b> | 14. NAME OF HUSBAND OR WIFE <b>BELLE COOPER</b> |
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|   |                               |   |                       |
|---|-------------------------------|---|-----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <b>CARL S. COOPER</b> | ADDRESS <b>JOPLIN</b> |
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|  |  |                 |   |
|--|--|-----------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |                 | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hours</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Surgical shock</b>   |                 |   |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Toxemia</b><br>DUE TO (c) <b>Non functioning gall bladder,</b> |                 |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Acute cholecystitis.</b>   |  | <b>3 weeks.</b> |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>585x</b> | 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) (Min.) | 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 June 27, 1956, to June 28, 1956, that I last saw the deceased alive on June 28, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

|  |  |                                |
|--|--|--------------------------------|
| 23a. SIGNATURE (Degree or title) <b>David M. ...</b> | 23b. ADDRESS <b>607 Frisco Bldg., Joplin, Missouri</b> | 23c. DATE SIGNED <b>7-3-56</b> |
|--|--|--------------------------------|

|   |                               |   |  |
|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>July 2, 1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>AIRVIEW</b> | 24d. LOCATION (City, town, or county) (State) <b>JOPLIN MO</b> |
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|  |   |   |                              |
|--|---|---|------------------------------|
| DATE REC'D BY LOCAL REG. <b>7-5-56</b> | REGISTRAR'S SIGNATURE <b>Worce Merriman</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Hurlock</b> | ADDRESS <b>Glover Joplin</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

County No. 56-7-550  
Date Filed JUL 10 1956

JUL 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
48

Licensed Embalmer No.....

P. O. Address.....  
Joplin

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