V.S. No. 300
REV. 10-48

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25790

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6218 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dover Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Montevallo
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): Box 15

1080

3. NAME OF DECEASED (Type or Print): a. (First) Jack b. (Middle) Herbert c. (Last) Cooper
4. DATE OF DEATH (Month) (Day) (Year): July 22 1956
5. SEX: M
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 29, 1932
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Missouri University
11. BIRTHPLACE (City and State or Foreign Country): Sheldon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Herbert B. Cooper
13b. MOTHER'S MAIDEN NAME: Mildred Owens
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 12/4/52 - 7/16/54
16. SOCIAL SECURITY NO.: 495-30-7393
17. INFORMANT'S SIGNATURE OR NAME: Herber B. Cooper, Montevallo, Mo. ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest — 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) Due to overturning of automobile on State road E
DUE TO (c) 12 miles S-E of Nevada, Mo,

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* one car accident. was alone. Pronounced dead on arrival at Nevada City Hospital.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no inquest.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Road E
21c. (CITY, TOWN, OR TOWNSHIP) Dover Tp. (COUNTY) Vernon (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-22-56 12:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Overturning of automobile

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I ~~last~~ never saw the deceased alive on ~~7-22-56~~, 19__, and that death occurred at 12:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE: Walter D. Sherman (Degree or title) Coroner
23b. ADDRESS: Nevada, Missouri
23c. DATE SIGNED: 7-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Olive Branch Cemetery
24d. LOCATION (City, town, or county) (State): Milo, Mo.
DATE REC'D BY LOCAL REG.: July 31 1956
REGISTRAR'S SIGNATURE: Mrs. Ruth Faith
25. FUNERAL DIRECTOR'S SIGNATURE: Fry Funeral Home ADDRESS: Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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

330
6

AUG 8 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....176

P. O. Address.....Nevada, Missou

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