

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27286

State File No. ....

No. 300

10.48

FILED AUG 24 1956

BIRTH NO. ....

REG. DIST. NO. 154

PRIMARY REG. DIST. NO. 5575

Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Hickman Mills</b> )		c. LENGTH OF STAY (In this place) <b>26 Years</b>		c. CITY OR TOWN <b>Hickman Mills</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8417 Hillcrest Road</b>			e. STREET ADDRESS (If rural, give location) <b>8417 Hillcrest Road</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>DOROTHEA</b>		b. (Middle) <b>LOUISE</b>		c. (Last) <b>COOPER</b>	
4. DATE OF DEATH <b>August 11, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 23, 1872</b>		9. AGE (In years last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cole Camp, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Heisterberg</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Gefkin</b>	
14. NAME OF HUSBAND <b>DECKROCK Ferguson Cooper</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. William Smith</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c) <b>Dehydrated disarticulation (Sigmoid)</b>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>6 hrs</b>	
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)	
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 <u>June</u> , 1956, to <u>Aug 11</u> , 1956, that I last saw the deceased alive on <u>Aug 5</u> , 1956, and that death occurred at <u>3:00 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Est. Cochran, M.D.</b>		23b. ADDRESS <b>315 Nichols Rd</b>		23c. DATE SIGNED <b>8/11/56</b>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/23/56</b>		24c. NAME OF CEMETERY OR CREMATOR <b>Crown Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		ADDRESS <b>3235 Gillham Plaza</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

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OCT 15 1956

**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 *A. J. Matton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *K. C. Md.*.....

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.