THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41979
STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Inside Limits Yes X No ☐	c. CITY OR TOWN Warrensburg 0512 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 323 W. South — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 323 West South St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Jessie	Middle: May	Last: Cooper	4. DATE OF DEATH Month Day Year: December 19, 1956
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: March 18, 1870	9. AGE (In years last birthday): 86 — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (City and state or country): Johnson County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George W. Peak		14. MOTHER'S MAIDEN NAME: Elizabeth Draper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Virgil Cooper, Windsor, Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH @ 2½ hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ——, to 12-19-56 and last saw her alive on 12-19-56
Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C H Ledere, M.D. 0	22b. ADDRESS: Warrensburg, Mo.	22c. DATE SIGNED: 12-20-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 22 Dec 56	23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill	23d. LOCATION (City, town, or county) (State): Warrensburg, Missouri
24. FUNERAL DIRECTOR ADDRESS: Sweeney-Phillips, Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG.: Dec. 22, 1956	26. REGISTRAR'S SIGNATURE: Savannah Crutchfield	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 John P Rodgers

Licensed Embalmer No. 496

P. O. Address Warrensbur

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