

13867

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 24 1957-

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5040 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>17 yrs.</u>	c. CITY OR TOWN <u>Chillicothe</u>		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 <u>640 Commercial St.</u>			e. STREET ADDRESS (If rural, give location) <u>640 Commercial St. 0592</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>IRENE</u> c. (Last) <u>COOPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 30, 1902</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Maker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles C. McCracken</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Burton</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude Cooper: Chillicothe, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> INTERVAL BETWEEN ONSET AND DEATH <u>Five Minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe, Livingston, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 19 '57 12:30 am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House Burnt - Patient could not get out</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at <u>12:30 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph P. Conrad, M.D. (Coroner)</u>			23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>Apr. 20-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-20-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Mound, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/20/57</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNER. L HOME: Chillicothe, Mo.</u>	

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

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APR 26 1951

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 *Elton F. Parnian*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, M

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.