

STANDARD CERTIFICATE OF DEATH

43657  
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS <u>401 N.W. 8th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Sadie</u> Middle <u>Frances</u> Last <u>Cooper</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>25</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug, 9, 1879</u>	9. AGE (In years less birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Near Guthrie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Boyd Hubbard</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Johnson</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>495-12-1447</u>	17. INFORMANT <u>Nannie Loe Cooper</u> Address <u>Fulton, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Cerebral arteriosclerosis</u>					
DUE TO (c) <u>332X</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Essential Hypertension; Congestive heart failure</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE NATURE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>July 1955</u> to <u>death</u> and last saw her <u>live</u> on <u>12-25-57</u> Death occurred at <u>10:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Tom Brewer MD</u> (Degree or title)			22b. ADDRESS <u>Fulton, Missouri</u>		22c. DATE SIGNED <u>12-30-57</u>
23a. BURIAL, CREMATION, BURNING (Specify)	23b. DATE <u>Dec; 28, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>South Side Cemetery</u>		23d. LOCATION (City, town, or county) <u>Fulton</u>	(State) <u>MO</u>
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Dec. 31- 1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision...

Student.....  
Signature of Student Embalmer

Signed *Hector R. Masure*

Licensed Embalmer No. *49*

P. O. Address *Fulton*

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.